

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
HELP OF SOUTHERN NEVADA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1640 E FLAMINGO ROAD 100

City or town, state or province, country, and ZIP or foreign postal code  
LAS VEGAS, NV 891195280

**D** Employer identification number  
88-0108496

**E** Telephone number  
(702) 369-4357

**F** Name and address of principal officer:  
FUILALA RILEY  
1640 E FLAMINGO ROAD 100  
LAS VEGAS, NV 89119

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**G** Gross receipts \$ 15,023,910

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.HELPSONV.ORG

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1970

**M** State of legal domicile: NV

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
HELP OF SOUTHERN NEVADA (THE ORGANIZATION) IS A NONPROFIT CORPORATION WHOSE MISSION IS TO ASSIST FAMILIES AND INDIVIDUALS THROUGHOUT SOUTHERN NEVADA TO OVERCOME BARRIERS AND ATTAIN SELF-SUFFICIENCY THROUGH DIRECT SERVICES, TRAINING AND REFERRAL TO COMMUNITY RESOURCES. THE ORGANIZATION IS PRIMARILY SUPPORTED THROUGH GOVERNMENT GRANTS, PROGRAM FEES, AND CONTRIBUTIONS FROM THE GENERAL PUBLIC.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	20
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	242
<b>6</b> Total number of volunteers (estimate if necessary)	4,075
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	13,115,799	14,592,467
<b>9</b> Program service revenue (Part VIII, line 2g)	297,037	291,744
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-57,619	66,891
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,561	21,166
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,356,778	14,972,268
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,111,491	6,089,334
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,207,986	7,197,734
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶595,501		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,818,883	1,918,909
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,138,360	15,205,977
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	218,418	-233,709

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	10,932,116	12,369,257
<b>21</b> Total liabilities (Part X, line 26)	1,185,064	1,669,656
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,747,052	10,699,601

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2020-04-10

FUILALA RILEY PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ HOULDSWORTH RUSSO & COMPANY PC		2020-07-02		P00292787
Firm's address ▶ 8675 S EASTERN AVE STE A LAS VEGAS, NV 891232839			Firm's EIN ▶ 88-0374623	Phone no. (702) 269-9992

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

HELP OF SOUTHERN NEVADA (THE ORGANIZATION) IS A NONPROFIT CORPORATION WHOSE MISSION IS TO ASSIST FAMILIES AND INDIVIDUALS THROUGHOUT SOUTHERN NEVADA TO OVERCOME BARRIERS AND ATTAIN SELF-SUFFICIENCY THROUGH DIRECT SERVICES, TRAINING AND REFERRAL TO COMMUNITY RESOURCES. THE ORGANIZATION IS PRIMARILY SUPPORTED THROUGH GOVERNMENT GRANTS, PROGRAM FEES, AND CONTRIBUTIONS FROM THE GENERAL PUBLIC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,488,549 including grants of \$ 2,633,714 ) (Revenue \$ 95,027 )
See Additional Data

4b (Code: ) (Expenses \$ 2,577,305 including grants of \$ 1,880,539 ) (Revenue \$ )
See Additional Data

4c (Code: ) (Expenses \$ 1,649,802 including grants of \$ 202,154 ) (Revenue \$ 15,539 )
See Additional Data

(Code: ) (Expenses \$ 4,827,228 including grants of \$ 1,372,927 ) (Revenue \$ 181,178 )

CRISIS TEAMS HELP'S PATH PROGRAM SERVES THE SEVERELY MENTALLY ILL CLIENTS. PATH HAS BEEN SERVING CLIENTS SINCE MARCH 2013. THESE CLIENTS ARE CONNECTED WITH SERVICES TO STABILIZE THEIR MENTAL HEALTH ISSUES AND ADDRESS OTHER BARRIERS THAT HAVE LED TO THEIR HOMELESSNESS. THE MOBILE CRISIS INTERVENTION TEAM (MCIT) CONDUCTS INTERVENTIONS, ABATEMENTS AND HEALTH & SAFETY CHECKS THROUGHOUT ALL JURISDICTIONS AT THE DIRECTION OF CLARK COUNTY. THEY WORK IN TANDEM WITH ALL SERVICE PROVIDERS TO ENCOURAGE HOMELESS INDIVIDUALS AND FAMILIES LIVING IN PLACES NOT MEANT FOR HUMAN HABITATION TO ENGAGE IN SERVICES. THE MOBILE CRISIS INTERVENTION AND OUTREACH FOR LINKAGE, INTERVENTION, NAVIGATION, AND KNOWLEDGE (MCIT LINK) TEAM CONDUCTS OUTREACH EFFORTS TO LOCATE AND PROVIDE COMMUNITY CASE MANAGEMENT, BRIDGE HOUSING, AND DETERMINE ELIGIBILITY FOR INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS OR OTHER POPULATIONS AS IDENTIFIED IN THE COMMUNITY QUEUE. MCIT (CALL-OUT TEAM) IS DESIGNED TO IMMEDIATELY RESPOND TO CRISIS INTERVENTION REQUESTS FROM CLARK COUNTY. THE TEAM PROVIDES AN ORR FOR THESE REQUESTS THAT INCLUDE, BUT NOT LIMITED TO, NUMBER OF ENCAMPMENTS, NUMBER OF HOMELESS, TYPE OF LOCATION (PUBLIC PARK, PRIVATE PROPERTY, TUNNEL/WASH, ETC.), ENVIRONMENTAL FACTORS AND HEALTH AND SAFETY ISSUES. ALL OF THIS IS DONE WHILE ENGAGING THE CLIENTELE AND OFFERING TO PROVIDE SERVICES AND RESOURCES, WHICH ARE PLACED INTO HMIS. THESE SERVICES INCLUDE, BUT NOT LIMITED TO, CONDUCTING HOUSING ASSESSMENTS, CASE MANAGEMENT, SCHEDULING APPOINTMENTS AND IMMEDIATE NEEDS FOR SHELTER, MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. MCIT PROACTIVE TEAM: (MCIT 2) THE PROACTIVE TEAM ROUTINELY MONITORS AREAS THAT HAVE A LARGE POPULATION OF HOMELESS. THEY MAY ALSO RESPOND TO REQUESTS FROM CLARK COUNTY AND OTHER AGENCIES TO INCLUDE, BUT NOT LIMITED TO, CMART, LAS VEGAS METRO POLICE DEPARTMENT, DEPARTMENT OF PUBLIC WORKS, SOUTHERN NEVADA HEALTH DISTRICT AND HELP OF SOUTHERN NEVADA. THE TEAM WILL SOMETIMES PROVIDE AN ORR FOR THESE REQUESTS, BUT WILL ALWAYS DOCUMENT PERTINENT DATA TO THE AREA AND PRESENT THEM IN A DAILY ACTIVITY REPORT. SIMILAR TO THE MCIT CALL-OUT TEAM, ALL OF THIS IS DONE WHILE ENGAGING THE CLIENTELE AND OFFERING TO PROVIDE SERVICES AND RESOURCES, WHICH ARE PLACED INTO HMIS. THESE SERVICES INCLUDE, BUT NOT LIMITED TO, CONDUCTING HOUSING ASSESSMENTS, CASE MANAGEMENT, SCHEDULING APPOINTMENTS AND IMMEDIATE NEEDS FOR SHELTER, MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. THE CITY OF LAS VEGAS MULTI-AGENCY OUTREACH RESOURCE ENGAGEMENT PROJECT (MORE) TEAM IS A MULTI-AGENCY HOMELESS OUTREACH TEAM LED BY OFFICERS FROM THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT, WHO CONDUCT INTERVENTIONS, ABATEMENTS, AND HEALTH & SAFETY CHECKS THROUGHOUT THE CITY OF LAS VEGAS TO ENCOURAGE HOMELESS INDIVIDUALS AND FAMILIES LIVING IN PLACES NOT MEANT FOR HUMAN HABITATION TO ENGAGE IN SERVICES. PATH, MCIT, LINK, AND MORE TEAMS WENT TO 417 TUNNELS IN 2018/2019 TO WARN INDIVIDUALS REGARDING THE POSSIBILITY OF FLOODING AND OFFER SERVICES TO INDIVIDUALS WHO RESIDE IN THOSE TUNNELS. THE TEAMS RESPONDED TO OUTREACH REQUESTS 409 TIMES BY CLARK COUNTY SOCIAL SERVICES, DEPARTMENT OF PUBLIC WORKS, LVMPD, AND CITY AND COUNTY OFFICIALS AS WELL AS PARKS AND RECREATION THIS YEAR. NUMBER OF OUTREACHES CONDUCTED 2018/2019 1.PATH 1185 2.MCIT 4231 NUMBER OF INDIVIDUALS CONTACTED AND OFFERED SERVICES 2018/2019 1. PATH - 1378 2. MCIT - 8821 NUMBER OF HOUSING ASSESSMENTS AND REFERRALS TO THE QUEUE 2018/2019 1. PATH - 156 2. MCIT - 981 NUMBER OF CLARITY CARDS ISSUED TO CLIENTS IN THE FIELD 2018/2019 1. PATH - 22 2. MCIT - 346 -NUMBER OF REFERRALS TO INDIVIDUALS FOR MENTAL HEALTH EVALUATION/SERVICES 2018/2019 1. PATH - 289 2. MCIT - 921 COMMUNITY OUTREACH HELP HOLIDAY PROGRAMS CONSIST OF THANKSGIVING ASSISTANCE, HOLIDAY TOY ASSISTANCE, AND ADOPT-A-FAMILY. CLIENTS RECEIVING THANKSGIVING ASSISTANCE RECEIVE A FROZEN TURKEY AND GROCERIES TO PREPARE A TRADITIONAL THANKSGIVING MEAL, INCLUDING MASHED POTATOES, STUFFING, CRANBERRIES AND MORE. IN FISCAL YEAR 2018 - 2019, 1,073 FAMILIES RECEIVED THANKSGIVING ASSISTANCE FROM HELP OF SOUTHERN NEVADA. HOLIDAY TOY ASSISTANCE ALLOWS UP TO 3,000 NEEDY SOUTHERN NEVADA FAMILIES TO RECEIVE HOLIDAY TOYS FOR THEIR ELIGIBLE CHILDREN DIRECTLY THROUGH HELP WHO, WITHOUT THIS ASSISTANCE, WOULD OTHERWISE DO WITHOUT. IN FISCAL YEAR 2018 - 2019, 1,276 FAMILIES, REPRESENTING 3,848 CHILDREN RECEIVED HOLIDAY TOY ASSISTANCE FROM HELP OF SOUTHERN NEVADA. ADOPT-A FAMILY ALLOWS COMMUNITY MEMBERS THE OPPORTUNITY TO 'ADOPT' LOCAL PRE-QUALIFIED FAMILIES FROM THE POOL OF THOSE WHO APPLY FOR HOLIDAY ASSISTANCE THROUGH HELP, WHO FIND THEMSELVES IN UNIQUE AND COMPELLING SITUATIONS DURING THE HOLIDAY SEASON. SPONSORS PURCHASE ITEMS FROM A LIST OF TOY AND CLOTHING PREFERENCES AND THESE ITEMS ARE PROVIDED TO THE PRE- QUALIFIED FAMILY ANONYMOUSLY. IN FISCAL YEAR 2018 - 2019, 431 FAMILIES, REPRESENTING 1,189 CHILDREN, WERE "ADOPTED" FOR THE HOLIDAYS THROUGH HELP OF SOUTHERN NEVADA. IN FISCAL YEAR 2018 - 2019, 88 AGENCIES IN SOUTHERN NEVADA WERE ASSISTED WITH TOYS, BIKES AND GIFT CARDS BECAUSE OF THE HOLIDAY TOY ASSISTANCE PROGRAM AT HELP. WORK OPPORTUNITIES READINESS CENTER (W.O.R.C.) (W.O.R.C) PROVIDES SERVICES THAT EMPOWER PARTICIPANTS TO ENTER OR RE-ENTER THE LABOR MARKET. WORKSHOPS, SUPPORT GROUPS AND NETWORKING, ONE-TO-ONE PERSONAL OR VOCATIONAL COUNSELING, JOB SEEKING/KEEPING METHODS, LEADERSHIP DEVELOPMENT, DECISION-MAKING SKILLS DEVELOPMENT, AND ASSISTANCE WITH DEVELOPING AN ACTION PLAN ARE AMONG THE RESOURCES USED TO HELP PARTICIPANTS BUILD CONFIDENCE, IDENTIFY SKILLS, AND SEEK TRAINING OR EMPLOYMENT. THROUGH THE DISPLACED HOMEMAKER PROGRAM, W.O.R.C. ASSISTS BOTH MEN AND WOMEN TO EVALUATE THEIR CURRENT EMPLOYMENT NEEDS, THEN OFFERS FREE WEEK- LONG WORKSHOPS TO SHARPEN JOB SEEKING SKILLS, AS WELL AS HELPING WITH JOB REFERRALS AND PLACEMENT. IN 2018/2019, HELP SERVED 113 ADULTS WHO HAD RECENTLY LOST HIS OR HER PRIMARY SOURCE OF INCOME DUE TO JOB LAY-OFFS, DIVORCE, DEATH, OR DISABILITY. IN ADDITION, THROUGH THE WORKFORCE INNOVATION AND OPPORTUNITY ACT ACT-WIOA, FUNDED BY WORKFORCE CONNECTIONS- WC, HELP OF SOUTHERN NEVADA ONE STOP CENTER PROVIDED SUPPORT/TRAINING/EMPLOYMENT ACTIVITIES TO UNEMPLOYED & UNDEREMPLOYED ADULTS TO HELP THEM RE-ENTER THE WORKFORCE AND ACHIEVE GAINFUL EMPLOYMENT. IN ADDITION, HELP'S WIOA YOUTH PROGRAM PROVIDED EMPLOYMENT & TRAINING ACTIVITIES TO LOW INCOME, AT-RISK YOUTH, WHO HAD DROPPED OUT OF HIGH SCHOOL, AGES 16-24 IN CLARK COUNTY AND UNINCORPORATED AREAS OF SANDY VALLEY AND SEARCHLIGHT WITH LONG TERM OUTCOMES SUCH AS: BASIC EDUCATIONAL AND EMPLOYMENT SKILLS, COMPLETION OF ACADEMIC CERTIFICATES (INCLUDING HIGH SCHOOL DIPLOMAS AND EQUIVALENTS) AND PLACEMENT IN EMPLOYMENT, POST- SECONDARY EDUCATION AND/OR TRAINING. IN 2018/2019, HELP SERVED 623 UNDUPLICATED ADULTS AND AT-RISK YOUTH WITH WIOA PROGRAMS. HELP'S W.O.R.C DEPARTMENT SERVED 736 CLIENTS IN PY 2018/2019. FRAMING HOPE WAREHOUSE (FHW) FRAMING HOPE WAREHOUSE (FHW) PROVIDES DONATED PRODUCTS THROUGH A PARTNERSHIP WITH LOCAL AND NATIONAL COMPANIES MANAGED BY GOOD360 TO REGISTERED 501 C 3 ORGANIZATIONS FOR A SMALL ADMINISTRATIVE FEE. AS OF FISCAL YEAR 2018/2019, FHW HAS 165 REGISTERED MEMBERS AND HAVE CUMULATIVELY SAVED MEMBER ORGANIZATIONS IN EXCESS OF 1.6 MILLION. EMERGENCY RESOURCE SERVICES (ERS) EMERGENCY RESOURCE SERVICES (ERS) PROVIDES ASSISTANCE TO LOW-INCOME HOUSEHOLDS THAT ARE LITERALLY HOMELESS OR AT IMMINENT RISK OF HOMELESSNESS. SERVICES PROVIDED BY ERS INCLUDE, BUT ARE NOT LIMITED TO, INTENSIVE CASE MANAGEMENT, RENTAL AND UTILITY ASSISTANCE, FOOD VOUCHERS, HOUSING OF PEOPLE WITH AIDS TENANT BASED RENTAL ASSISTANCE, PERMANENT SUPPORTIVE HOUSING, RAPID RE-HOUSING, HOMELESS PREVENTION, AND RYAN WHITE PART A SERVICES. DURING FISCAL YEAR 2018 - 2019, ERS PROVIDED THE FOLLOWING SERVICES: - 272 HOUSEHOLDS RECEIVED UTILITY ASSISTANCE THROUGH ENERGY SHARE - 37 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE, AVOIDING HOMELESSNESS - 77 HOUSEHOLDS RECEIVED RAPID REHOUSING SERVICES - 44 HOUSEHOLDS ENROLLED IN HOPWA TENANT BASED RENTAL ASSISTANCE - 35 HOUSEHOLDS RECEIVED PERMANENT SUPPORTIVE HOUSING SERVICES - 3,231 FOOD VOUCHERS ISSUED FOR PANTRY SERVICES. ALSO UNDER ERS IS OUR BABY FIRST SERVICES (BFS). BFS PROVIDES PRE AND POSTNATAL GUIDANCE TO FIRST-TIME MOTHERS, AT-RISK TEENS, AND AT-RISK WOMEN IN OUR COMMUNITY TO REDUCE THE RISK OF LOW BIRTH WEIGHT AND INFANT MORTALITY. DURING THE 2018-2019 FISCAL YEAR, 1,032 PREGNANT OR PARENTING WOMEN AND THEIR BABIES RECEIVED ASSISTANCE. SOME SERVICES PROVIDED BY BFS INCLUDE, BUT ARE NOT LIMITED TO, CASE MANAGEMENT SUPPORT, SMARTSHOP HEALTHY HABITS CLASSES, BECOMING A MOM, SAFE SLEEP FOR YOUR BABY AND PACK N PLAY, INFANT CAR SEAT SAFETY, ASSISTANCE WITH FOOD CARDS, BUS PASSES, DIAPERS AND WIPES, FORMULA, AND OTHER BABY ITEMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,827,228 including grants of \$ 1,372,927 ) (Revenue \$ 181,178 )

4e Total program service expenses 13,542,884

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> 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 . . . . .	<b>2a</b>	242			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>		No		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<b>3b</b>				
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<b>4a</b>		No		
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> 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? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .	<b>7a</b>	Yes			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		No		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		No		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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 . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<b>14b</b>				
<b>15</b> 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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15a</b>	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?	Yes	
<b>15b</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>16a</b>	Other officers or key employees of the organization	Yes	
<b>16b</b>	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</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?		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: SHELLY TORRES 1640 E FLAMINGO RD SUITE 100 LAS VEGAS, NV 89119 (702) 369-4357	

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

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

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

**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, or 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STACY BRAZILL TRUSTEE	1.00	X					0	0	0	
(2) CHET BUCHANAN TRUSTEE	1.00	X					0	0	0	
(3) KYLE CLINGO TRUSTEE	1.00	X					0	0	0	
(4) LISA COOPER-TIPPETT TREASURER	1.00	X		X			0	0	0	
(5) ERIC DEBONIS TRUSTEE	1.00	X					0	0	0	
(6) MICHELLE ECKMANN TRUSTEE	1.00	X					0	0	0	
(7) FRENDIA FRANK TRUSTEE	1.00	X					0	0	0	
(8) MARY HAUSCH TRUSTEE	1.00	X					0	0	0	
(9) DUANE KEIDEL TRUSTEE	1.00	X					0	0	0	
(10) THOMAS KUMMER TRUSTEE	1.00	X					0	0	0	
(11) DAVID MARLON TRUSTEE	1.00	X					0	0	0	
(12) KELLI MARUCA SECRETARY	1.00	X		X			0	0	0	
(13) KATHY MCCLAIN VICE CHAIRPE	1.00	X		X			0	0	0	
(14) JERRIE MERRITT CHAIRPERSON	1.00	X		X			0	0	0	
(15) ROBERT RAY TRUSTEE	1.00	X					0	0	0	
(16) DAN UONITES TRUSTEE	1.00	X					0	0	0	
(17) HANK VAN SON TRUSTEE	1.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) JASON VIECHNICKI ..... TRUSTEE	1.00 .....	X						0	0	0	
(19) SCOTT WIEGAND ..... TRUSTEE	1.00 .....	X						0	0	0	
(20) VESELA ZEHIREV ..... TRUSTEE	1.00 .....	X						0	0	0	
(21) FUILALA RILEY ..... PRESIDENT/CE	40.00 .....			X				170,951	0	3,165	
(22) SHELLY TORRES ..... CFO	40.00 .....			X				107,970	0	3,172	
(23) KELLY ROBSON ..... CSSO	40.00 .....					X		111,225	0	3,165	
<b>1b Sub-Total</b> . . . . .											
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>1d Total (add lines 1b and 1c)</b> . . . . .								390,146			9,502

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RUITER CONSTRUCTION 3355 PALMS CENTER DRIVE LAS VEGAS, NV 89103	WEATHERIZATION	627,139
FREMONT GARDENS 2 LLC 1990 WESTWOOD BLVD STE 260 LOS ANGELES, CA 90025	RENT	258,792
FREMONT GARDENS 1990 WESTWOOD BLVD STE 260 LOS ANGELES, CA 90025	RENT	163,603
RATPACK BUNGALOW LLC 21801 SHERNAN WY STE 508 CANOGA PARK, CA 91303	RENT	112,005
OLIVE PROPERTIES LLC 1990 WESTWOOD BLVD STE 260 LOS ANGELES, CA 90025	RENT	106,887

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **5**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	79,955			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,949,543			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,562,969			
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____		46,743			
	<b>h Total.</b> Add lines 1a-1f . . . . .		14,592,467			
<b>Program Service Revenue</b>	<b>2a</b> FRAMING HOPE	Business Code				
		561000	177,028	177,028		
	<b>b</b> MEDICAID	561000	95,027	95,027		
	<b>c</b> SWYC SRO RENT	561000	15,539	15,539		
	<b>d</b> WEATHERIZATION	561000	4,150	4,150		
	<b>e</b> _____					
	<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f . . . . .		291,744				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		66,891		66,891	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		12,898				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)	12,898			
	<b>d</b> Net rental income or (loss) . . . . .		12,898	12,898		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 79,955 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	51,642			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	51,642		
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER REVENUE	561000	8,268		8,268		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		8,268				
<b>12 Total revenue.</b> See Instructions. . . . .		14,972,268	304,642	75,159		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	6,089,334	6,089,334		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	300,844	49,355	220,537	30,952
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	6,021,464	5,169,482	587,405	264,577
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	276,779	232,667	31,464	12,648
<b>10</b> Payroll taxes . . . . .	598,647	494,542	76,148	27,957
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	36,500		36,500	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	260,735	147,318	9,088	104,329
<b>12</b> Advertising and promotion . . . . .	8,356	7,918		438
<b>13</b> Office expenses . . . . .	326,751	262,345	43,090	21,316
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	560,918	507,527	23,830	29,561
<b>17</b> Travel . . . . .	148,816	144,548	1,981	2,287
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	23,151		23,151	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	112,542	111,249	751	542
<b>23</b> Insurance . . . . .	233,542	221,878	2,521	9,143
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CLIENT SERVICES	57,612			57,612
<b>b</b> TRAINING	47,233	45,048		2,185
<b>c</b> PROPERTY TAXES	44,596	44,596		
<b>d</b> DUES AND AWARDS	33,325	15,077	11,095	7,153
<b>e</b> All other expenses	24,832		31	24,801
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,205,977	13,542,884	1,067,592	595,501
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,089,695	<b>1</b>	1,144,882
	<b>2</b> Savings and temporary cash investments . . . . .	50,224	<b>2</b>	50,253
	<b>3</b> Pledges and grants receivable, net . . . . .	960,357	<b>3</b>	2,262,181
	<b>4</b> Accounts receivable, net . . . . .	23,860	<b>4</b>	34,337
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	6,685,000	<b>7</b>	6,685,000
	<b>8</b> Inventories for sale or use . . . . .	137,209	<b>8</b>	118,317
	<b>9</b> Prepaid expenses and deferred charges . . . . .	18,209	<b>9</b>	39,798
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,833,487		
	<b>b</b> Less: accumulated depreciation	863,664		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	12,500	<b>15</b>	64,666
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,932,116	<b>16</b>	12,369,257	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	444,940	<b>17</b>	631,336
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	482,000	<b>23</b>	454,569
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	258,124	<b>25</b>	583,751
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,185,064	<b>26</b>	1,669,656
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	7,474,389	<b>27</b>	3,307,963
	<b>28</b> Temporarily restricted net assets . . . . .	2,272,663	<b>28</b>	7,391,638
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	9,747,052	<b>33</b>	10,699,601
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	10,932,116	<b>34</b>	12,369,257

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,972,268
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,205,977
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-233,709
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,747,052
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	1,186,258
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,699,601

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

**Software ID:****Software Version:****EIN:** 88-0108496**Name:** HELP OF SOUTHERN NEVADA

Form 990 (2018)

**Form 990, Part III, Line 4a:**

HOMELESS SERVICES HELP OF SOUTHERN NEVADA (HELP) HAS BEEN PROVIDING HOUSING AND CASE MANAGEMENT TO HOMELESS INDIVIDUALS/FAMILIES FOR OVER TWENTY YEARS. HELP HAS BEEN WORKING WITH THE CHRONICALLY HOMELESS POPULATION SINCE 2005. WHEN THE PILOT PROJECT ORGANIZATIONS UNITED TO REACH EDUCATE AND ASSIST THE CHRONICALLY HOMELESS (O.U.T.R.E.A.C.H.) BEGAN. THIS PROJECT WAS IMPLEMENTED TO ASSIST THE CHRONICALLY HOMELESS USING THE HOUSING FIRST AND HARM REDUCTION MODEL, IN WHICH CLIENTS ARE IMMEDIATELY HOUSED AND THEN BARRIERS ARE WORKED ON. IN JULY 2014, COORDINATED INTAKE BEGAN IN CLARK COUNTY. ANYONE IDENTIFYING AS HOMELESS WILL BE REFERRED TO CLARK COUNTY FOR A HOUSING ASSESSMENT. ONCE COMPLETED, CLARK COUNTY WILL SEND THE REFERRAL TO A PROVIDER WHO HAS A VACANCY TO FILL. HELP'S NEW BEGINNINGS, HELP THEM HOME, CABHI 2, HEALTHY LIVING AND HOSPITAL TO HOME PROGRAMS PROVIDE HOUSING AND INTENSIVE CASE MANAGEMENT TO CHRONICALLY HOMELESS INDIVIDUALS, WHO HAVE A DOCUMENTED DISABILITY. THESE PROGRAMS FOCUS ON PROVIDING SUPPORTIVE SERVICES TO CLIENTS TO OVERCOME BARRIERS TO BECOMING SELF SUFFICIENT AND SELF RELIANT. ALL INTENSIVE CASE MANAGERS (ICM) ARE SSI/SSDI OUTREACH, ACCESS AND RECOVERY (S.O.A.R.) CERTIFIED BY THE SOCIAL SECURITY ADMINISTRATION. THIS ALLOWS THE ICM TO EXPEDITE THE BENEFITS APPLICATION FOR OUR CLIENTS WITH PERMANENT DISABILITIES. SOME ICM'S ARE SNAP (SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM) CERTIFIED. THIS ALLOWS THE ICM TO ASSIST THE CLIENT WITH THE APPLICATION PROCESS FOR FOOD STAMPS. THERE ARE NOW 13 HOUSING QUALITY STANDARD INSPECTORS (HQS) TO ENSURE WHEN CLIENTS ARE MOVING IN TO THEIR APARTMENTS, IT MEETS OR EXCEEDS THE HOUSING AUTHORITIES STANDARDS. THESE CLIENTS ARE CONNECTED WITH SERVICE TO STABILIZE THEIR MENTAL HEALTH ISSUES AND ADDRESS OTHER BARRIERS THAT HAVE LEAD TO THEIR HOMELESSNESS. THE MAIN GOAL IS DESIGNED TO PROVIDE SERVICES TO PERSONS WHO ARE HOMELESS WITH A DISABILITY AND FIND APPROPRIATE HOUSING WHILE THEY ENGAGE IN TREATMENT TO OVERCOME BARRIERS BECOMING SELF SUFFICIENT. PROGRAM STATISTICS FOR THE FISCAL YEAR 2018/2019: -NUMBER OF CLIENTS WHO PARTICIPATED IN THE PROGRAM YEAR: 1. NEW BEGINNINGS - 231 2. HELP THEM HOME - 33 A. HELP THEM HOME EXPANSION - 23 3. HEALTHY LIVING (INCLUDES HL EXPANSION) - 52 4. CABHI 2 - 65 5. HOSPITAL TO HOME - 91 -NUMBER OF CLIENTS DISCHARGED THROUGHOUT THE PROGRAM YEAR: 1. NEW BEGINNINGS - 104 2. HELP THEM HOME - 31 A. HELP THEM HOME EXPANSION - 15 3. HEALTHY LIVING - 12 4. CABHI 2 - 27 5. HOSPITAL TO HOME - 28 -NUMBER OF CLIENTS BROUGHT ON TO CASELOAD: 1. NEW BEGINNINGS - 63 2. HELP THEM HOME - 32 A. HELP THEM HOME EXPANSION - 18 3. HEALTHY LIVING - 18 4. CABHI 2 - 65 5. HOSPITAL TO HOME - 66 -NUMBER OF ACTIVE CLIENTS AT THE END OF THE PROGRAM YEAR: 1. NEW BEGINNINGS - 127 2. HELP THEM HOME - 65 A. HELP THEM HOME EXPANSION - 38 3. HEALTHY LIVING - 40 4. CABHI 2 - 65 5. HOSPITAL TO HOME - 20 -PERCENTAGE OF CLIENTS WITH DISABLING CONDITIONS: 1. NEW BEGINNINGS = ALCOHOL ABUSE - 51.1 %, DRUG ABUSE - 66.4%, MENTAL HEALTH - 90.8%, CHRONIC HEALTH - 29.7% 2. HELP THEM HOME = ALCOHOL ABUSE - 48.4%, DRUG ABUSE - 65.6%, MENTAL HEALTH - 90.6%, CHRONIC HEALTH - 32.8% A. HELP THEM HOME EXPANSION = ALCOHOL ABUSE - 63.2%, DRUG ABUSE - 57.9%, MENTAL HEALTH - 89.5%, CHRONIC HEALTH - 52.6% 3. HEALTHY LIVING = ALCOHOL ABUSE - 51.9%, DRUG ABUSE - 50%, MENTAL HEALTH - 71.2%, CHRONIC HEALTH - 88.5% 4. CABHI 2 = ALCOHOL ABUSE - 68.8%, DRUG ABUSE - 76.6%, MENTAL HEALTH - 98.4%, CHRONIC HEALTH - 12.5% 5. HOSPITAL TO HOME = ALCOHOL ABUSE - 36.5%, DRUG ABUSE - 39.7%, MENTAL HEALTH - 68.3%, CHRONIC HEALTH - 63.5% - CLIENTS WITH STABLE EXITS FROM THE PROGRAM: 1. NEW BEGINNINGS - 102 (29 EXITED TO PERMANENT HOUSING) 2. HELP THEM HOME - 31 (13 EXITED TO PERMANENT HOUSING) A. HELP THEM HOME EXPANSION - 14 (9 EXITED TO PERMANENT HOUSING) 3. HEALTHY LIVING - 12 (1 EXITED TO PERMANENT HOUSING) 4. CABHI 2 - 26 (16 EXITED TO PERMANENT HOUSING) 5. HOSPITAL TO HOME - 28 (11 EXITED TO PERMANENT HOUSING) - CLIENTS WHO ARE VETERANS: 1. NEW BEGINNINGS - 8 2. HELP THEM HOME - 1 A. HELP THEM HOME EXPANSION - 2 3. HEALTHY LIVING - 1 4. CABHI 2 - 3 5. HOSPITAL TO HOME - 1 -PERCENTAGE OF CLIENTS WHO INCREASED JOBS, INCOME, EXITED TO KNOWN DESTINATIONS: 1. NEW BEGINNINGS A. EMPLOYMENT - 3.1% B. INCREASED OR SUSTAINED OTHER CASE INCOME - 18.3% C. IMPROVED EDUCATION - 7% D. EXITED TO KNOWN DESTINATIONS - 100% 2. HELP THEM HOME A. EMPLOYMENT = 3.1% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 25% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 96.8% 3. HELP THEM HOME EXPANSION A. EMPLOYMENT - 2.6% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 10.5% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 4. HEALTHY LIVING A. EMPLOYMENT - 0% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 38.5% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 5. CABHI 2 A. EMPLOYMENT - 1.6% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 10.9% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 96.2% 6. HOSPITAL TO HOME A. EMPLOYMENT - 3.2% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 22.2% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100%

**Form 990, Part III, Line 4b:**

WEATHERIZATION WEATHERIZATION ASSISTANCE PROGRAM ASSISTS LOW-INCOME HOUSEHOLDS BY CONDUCTING ENERGY EFFICIENT ASSESSMENTS/AUDITS. THESE AUDITS WILL DETERMINE WHAT THE HOME NEEDS AND WILL BE ADDRESSED BASED ON A PRIORITY LIST OF ENERGY EFFICIENT MEASURES THAT WILL BE INSTALLED IN QUALIFIED CLIENT HOMES. PRIORITY IS GIVEN TO HOMES OWNED OR OCCUPIED BY SENIOR CITIZENS, HOUSEHOLDS WITH CHILDREN UNDER SIX, OR DISABLED CLIENTS TO ASSIST FOR A SAFE AND HEALTHY HOME AND IN REDUCING THEIR MONTHLY UTILITY COSTS. OUR PROGRAM PROVIDES MEASURES SUCH AS HEATING AND AIR CONDITIONING REPAIR OR REPLACEMENT, WATER HEATER AND OVEN REPLACEMENT, SOLAR SCREENS, ATTIC INSULATION, REFRIGERATORS, WEATHER-STRIPPING, LOW-FLOW SHOWERHEADS, AND OTHER ENERGY SAVING MEASURES. A TOTAL OF 280 HOMES WERE SERVED DURING THE 2018/2019 PROGRAM YEAR.

---

**Form 990, Part III, Line 4c:**

SHANNON WEST HOMELESS YOUTH CENTER (SWHYC) SHANNON WEST HOMELESS YOUTH CENTER (SWHYC) PROVIDES SERVICES FOR AT-RISK YOUTH THAT ARE HOMELESS OR ARE AT RISK OF BECOMING HOMELESS. THE YOUTH CENTER MOTIVATES RESIDENTS TOWARDS REACHING SELF-SUFFICIENCY BY PROVIDING THE TRAINING AND SKILLS TO FURTHER THEIR EDUCATION, EMPLOYMENT, SOCIAL AND LIFE SKILLS. THE RESIDENTIAL AND DAY PROGRAMMING ENABLES YOUTH TO GAIN THE SKILLS NECESSARY TO SUCCEED AS ADULTS IN THE COMMUNITY. BY COLLABORATING WITH A NUMBER OF AGENCIES, WE HAVE THE RESOURCES TO PROVIDE THE FOLLOWING SERVICES ON SITE: INTENSIVE CASE MANAGEMENT, SUBSTANCE ABUSE COUNSELING, MENTAL HEALTH REFERRALS, EDUCATIONAL ASSESSMENT, VOCATIONAL TRAINING, AND LIFE SKILLS GROUPS FOCUSING ON A VARIETY OF ISSUES SUCH AS ANGER MANAGEMENT, INDEPENDENT LIVING, MONEY MANAGEMENT, PEER SOCIALIZATION, CONSUMER AND PROBLEM SOLVING SKILLS, AND HEALTH EDUCATION. HELP OF SOUTHERN NEVADA HAS COMPLETED THE NEW 37,000 SQUARE FT. BUILDING AND RELOCATED THE SHANNON WEST HOMELESS YOUTH CENTER TO 1650 E. FLAMINGO ROAD. THIS HAS PROVIDED THE RESIDENTS WITH ADDITIONAL SUPPORT FROM SOCIAL SERVICES AGENCY AND EDUCATIONAL INSTITUTIONS IN THE AREA. THIS AREA ALSO HAS INCREASED EMPLOYMENT POTENTIAL FOR THE RESIDENTS. THIS NEW BUILDING HAS INCREASED THE CAPACITY TO HOUSE UP TO 166 HOMELESS YOUTH. PROGRAM STATISTICS FOR THE FISCAL YEAR 2018/2019: YOUTH SERVED -453 MALES- 272 FEMALES-160 TRANSGENDER-7 ENROLLED IN HIGH SCHOOL - 11 DIPLOMA COMPLETED - 11 GED/HISET PREP-CLASS (ENROLLED) - 42 GED/HISET COMPLETED - 1 ADULT EDUCATION (ENROLLED INTO CREDIT RETRIEVAL) - 32 ENROLLED IN COLLEGE - 15 ATTENDED VOCATIONAL TRAINING - 11 COMPLETED VOCATIONAL TRAINING - 0 RECEIVED SUBSTANCE ABUSE TREATMENT - 53 RECEIVED MENTAL HEALTH TREATMENT - 85

---

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HELP OF SOUTHERN NEVADA

Employer identification number

88-0108496

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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 benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,617,115	13,262,673	16,710,002	13,115,799	14,592,467	68,298,056
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	10,617,115	13,262,673	16,710,002	13,115,799	14,592,467	68,298,056
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						68,298,056

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4. . . . .	10,617,115	13,262,673	16,710,002	13,115,799	14,592,467	68,298,056
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,107	16,886	66,156	66,804	66,891	217,844
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .				561	7,268	7,829
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	29,376	2,063	44,073			75,512
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						68,599,241

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 715,951

**13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.560 %

**15** Public support percentage for 2017 Schedule A, Part II, line 14 . . . . . **15** 99.630 %

**16a** **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b** **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a** **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b** **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b>	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 . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</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. . .						
<b>c</b>	Add lines 7a and 7b. . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6. . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
<b>c</b>	Add lines 10a and 10b. . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 75,512

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
HELP OF SOUTHERN NEVADA

**Employer identification number**  
88-0108496

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part 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 organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		376,854		376,854
<b>b</b> Buildings . . . . .		1,651,559	252,542	1,399,017
<b>c</b> Leasehold improvements		7,608	4,438	3,170
<b>d</b> Equipment . . . . .		797,466	606,684	190,782
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,969,823

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
REFUNDABLE ADVANCES	583,751
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 583,751

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	16,191,993
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,244,526	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,244,526
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	14,947,467
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	24,801	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	24,801
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	14,972,268

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	15,239,444
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	58,268	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	58,268
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	15,181,176
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	24,801	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	24,801
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	15,205,977

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 88-0108496

**Name:** HELP OF SOUTHERN NEVADA

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	THIRD PARTY SPECIAL EVENTS 24,801

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	EVENT EXPENSES 24,801

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization HELP OF SOUTHERN NEVADA

Employer identification number

88-0108496

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>GOLFERS ROUNDUP</u> (event type)	<u>TEA TRENDS</u> (event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	69,380	62,217		131,597
	<b>2</b> Less: Contributions . . . . .	39,367	40,588		79,955
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	30,013	21,629		51,642
Direct Expenses	<b>4</b> Cash prizes . . . . .	10,515	2,525		13,040
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	17,820	830		18,650
	<b>7</b> Food and beverages . . . . .	1,188	14,491		15,679
	<b>8</b> Entertainment . . . . .	490	3,615		4,105
	<b>9</b> Other direct expenses . . . . .		168		168
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				51,642
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

-----

-----

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

-----

-----



**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

HELP OF SOUTHERN NEVADA

Employer identification number

88-0108496

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional 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) DIRECT CLIENT SERVICES	8646	374,198		CASH	
(2) WEATHERIZATION	280	1,880,539		CASH	
(3) RENT AND UTILITIES ASSIST	1699	3,444,026		CASH	
(4) TRAVEL ASSISTANCE	7037	114,163		CASH	
(5) FRAMING HOPE WAREHOUSE	165	69,619		CASH	
(6) FOOD AND GIFT CARDS	5218	206,789		CASH	
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION REQUIRES VERIFICATION OF NEED IN COMPLIANCE WITH GRANT REQUIREMENTS.

**Schedule J**  
(Form 990)

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HELP OF SOUTHERN NEVADA

Employer identification number  
88-0108496

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	FUILALA RILEY PRESIDENT/CEO	170,951 -----	-----	-----	3,165 -----	174,116 -----	-----
	(ii)							

---

**Part III**    **Supplemental Information**

---

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

---

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HELP OF SOUTHERN NEVADA

Employer identification number

88-0108496

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HAELEY COOK	CFO FAMILY	40,285	WAGES		No
(2) MINDY TORRES	CFO FAMILY	73,555	WAGES		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HELP OF SOUTHERN NEVADA

Employer identification number  
88-0108496

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		46,743	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization  
HELP OF SOUTHERN NEVADA

Employer identification number

88-0108496

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	HELP OF SOUTHERN NEVADA (THE ORGANIZATION) IS A NONPROFIT CORPORATION WHOSE MISSION IS TO ASSIST FAMILIES AND INDIVIDUALS THROUGHOUT SOUTHERN NEVADA TO OVERCOME BARRIERS AND ATTAIN SELF-SUFFICIENCY THROUGH DIRECT SERVICES, TRAINING AND REFERRAL TO COMMUNITY RESOURCES. THE ORGANIZATION IS PRIMARILY SUPPORTED THROUGH GOVERNMENT GRANTS, PROGRAM FEES, AND CONTRIBUTIONS FROM THE GENERAL PUBLIC.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>HOMELESS SERVICES HELP OF SOUTHERN NEVADA (HELP) HAS BEEN PROVIDING HOUSING AND CASE MANAGEMENT TO HOMELESS INDIVIDUALS/FAMILIES FOR OVER TWENTY YEARS. HELP HAS BEEN WORKING WITH THE CHRONICALLY HOMELESS POPULATION SINCE 2005. WHEN THE PILOT PROJECT ORGANIZATIONS UNITED TO REACH EDUCATE AND ASSIST THE CHRONICALLY HOMELESS (O.U.T.R.E.A.C.H.) BEGAN. THIS PROJECT WAS IMPLEMENTED TO ASSIST THE CHRONICALLY HOMELESS USING THE HOUSING FIRST AND HARM REDUCTION MODEL, IN WHICH CLIENTS ARE IMMEDIATELY HOUSED AND THEN BARRIERS ARE WORKED ON. IN JULY 2014, COORDINATED INTAKE BEGAN IN CLARK COUNTY. ANYONE IDENTIFYING AS HOMELESS WILL BE REFERRED TO CLARK COUNTY FOR A HOUSING ASSESSMENT. ONCE COMPLETED, CLARK COUNTY WILL SEND THE REFERRAL TO A PROVIDER WHO HAS A VACANCY TO FILL. HELP'S NEW BEGINNINGS, HELP THEM HOME, CABHI 2, HEALTHY LIVING AND HOSPITAL TO HOME PROGRAMS PROVIDE HOUSING AND INTENSIVE CASE MANAGEMENT TO CHRONICALLY HOMELESS INDIVIDUALS, WHO HAVE A DOCUMENTED DISABILITY. THESE PROGRAMS FOCUS ON PROVIDING SUPPORTIVE SERVICES TO CLIENTS TO OVERCOME BARRIERS TO BECOMING SELF SUFFICIENT AND SELF RELIANT. ALL INTENSIVE CASE MANAGERS (ICM) ARE SSI/SSDI OUTREACH, ACCESS AND RECOVERY (S.O.A.R.) CERTIFIED BY THE SOCIAL SECURITY ADMINISTRATION. THIS ALLOWS THE ICM TO EXPEDITE THE BENEFITS APPLICATION FOR OUR CLIENTS WITH PERMANENT DISABILITIES. SOME ICM'S ARE SNAP (SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM) CERTIFIED. THIS ALLOWS THE ICM TO ASSIST THE CLIENT WITH THE APPLICATION PROCESS FOR FOOD STAMPS. THERE ARE NOW 13 HOUSING QUALITY STANDARD INSPECTORS (HQS) TO ENSURE WHEN CLIENTS ARE MOVING IN TO THEIR APARTMENTS, IT MEETS OR EXCEEDS THE HOUSING AUTHORITIES STANDARDS. THESE CLIENTS ARE CONNECTED WITH SERVICE TO STABILIZE THEIR MENTAL HEALTH ISSUES AND ADDRESS OTHER BARRIERS THAT HAVE LEAD TO THEIR HOMELESSNESS. THE MAIN GOAL IS DESIGNED TO PROVIDE SERVICES TO PERSONS WHO ARE HOMELESS WITH A DISABILITY AND FIND APPROPRIATE HOUSING WHILE THEY ENGAGE IN TREATMENT TO OVERCOME BARRIERS BECOMING SELF SUFFICIENT. PROGRAM STATISTICS FOR THE FISCAL YEAR 2018/2019: -NUMBER OF CLIENTS WHO PARTICIPATED IN THE PROGRAM YEAR: 1. NEW BEGINNINGS - 231 2. HELP THEM HOME - 33 A. HELP THEM HOME EXPANSION - 23 3. HEALTHY LIVING (INCLUDES HL EXPANSION) - 52 4. CABHI 2 - 65 5. HOSPITAL TO HOME - 91 -NUMBER OF CLIENTS DISCHARGED THROUGHOUT THE PROGRAM YEAR: 1. NEW BEGINNINGS - 104 2. HELP THEM HOME - 31 A. HELP THEM HOME EXPANSION - 15 3. HEALTHY LIVING - 12 4. CABHI 2 - 27 5. HOSPITAL TO HOME - 28 -NUMBER OF CLIENTS BROUGHT ON TO CASELOAD: 1. NEW BEGINNINGS - 63 2. HELP THEM HOME - 32 A. HELP THEM HOME EXPANSION - 18 3. HEALTHY LIVING - 18 4. CABHI 2 - 65 5. HOSPITAL TO HOME - 66 -NUMBER OF ACTIVE CLIENTS AT THE END OF THE PROGRAM YEAR: 1. NEW BEGINNINGS - 127 2. HELP THEM HOME - 65 A. HELP THEM HOME EXPANSION - 38 3. HEALTHY LIVING - 40 4. CABHI 2 - 65 5. HOSPITAL TO HOME - 20 -PERCENTAGE OF CLIENTS WITH DISABLING CONDITIONS: 1. NEW BEGINNINGS = ALCOHOL ABUSE - 51.1 %, DRUG</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>G ABUSE - 66.4%, MENTAL HEALTH - 90.8%, CHRONIC HEALTH - 29.7% 2. HELP THEM HOME = ALCOHOL ABUSE - 48.4%. DRUG ABUSE - 65.6%, MENTAL HEALTH - 90.6%, CHRONIC HEALTH - 32.8% A. HELP THEM HOME EXPANSION = ALCOHOL ABUSE - 63.2%, DRUG ABUSE - 57.9%, MENTAL HEALTH - 89.5%, CHRONIC HEALTH - 52.6% 3. HEALTHY LIVING = ALCOHOL ABUSE - 51.9%, DRUG ABUSE - 50%, MENTAL HEALTH - 71.2%, CHRONIC HEALTH - 88.5% 4. CABHI 2 = ALCOHOL ABUSE - 68.8%, DRUG ABUSE - 76.6%, MENTAL HEALTH - 98.4%, CHRONIC HEALTH - 12.5% 5. HOSPITAL TO HOME = ALCOHOL ABUSE - 36.5%, DRUG ABUSE - 39.7%, MENTAL HEALTH - 68.3%, CHRONIC HEALTH - 63.5% - CLIENTS WITH STABLE EXITS FROM THE PROGRAM: 1. NEW BEGINNINGS - 102 (29 EXITED TO PERMANENT HOUSING) 2. HELP THEM HOME - 31 (13 EXITED TO PERMANENT HOUSING) A. HELP THEM HOME EXPANSION - 14 (9 EXITED TO PERMANENT HOUSING) 3. HEALTHY LIVING - 12 (1 EXITED TO PERMANENT HOUSING) 4. CABHI 2 - 26 (16 EXITED TO PERMANENT HOUSING) 5. HOSPITAL TO HOME - 28 (11 EXITED TO PERMANENT HOUSING) - CLIENTS WHO ARE VETERANS: 1. NEW BEGINNINGS - 8 2. HELP THEM HOME - 1 A. HELP THEM HOME EXPANSION - 2 3. HEALTHY LIVING - 1 4. CABHI 2 - 3 5. HOSPITAL TO HOME - 1 -PERCENTAGE OF CLIENTS WHO INCREASED JOBS, INCOME, EXITED TO KNOWN DESTINATIONS: 1. NEW BEGINNINGS A. EMPLOYMENT - 3.1% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 18.3% C. IMPROVED EDUCATION - 7% D. EXITED TO KNOWN DESTINATIONS - 100% 2. HELP THEM HOME A. EMPLOYMENT = 3.1% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 25% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 96.8% 3. HELP THEM HOME EXPANSION A. EMPLOYMENT - 2.6% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 10.5% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 4. HEALTHY LIVING A. EMPLOYMENT - 0% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 38.5% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 5. CABHI 2 A. EMPLOYMENT - 1.6% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 10.9% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 96.2% 6. HOSPITAL TO HOME A. EMPLOYMENT - 3.2% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 22.2% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100%</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4B	WEATHERIZATION WEATHERIZATION ASSISTANCE PROGRAM ASSISTS LOW-INCOME HOUSEHOLDS BY CONDUCTING ENERGY EFFICIENT ASSESSMENTS/AUDITS. THESE AUDITS WILL DETERMINE WHAT THE HOME NEEDS AND WILL BE ADDRESSED BASED ON A PRIORITY LIST OF ENERGY EFFICIENT MEASURES THAT WILL BE INSTALLED IN QUALIFIED CLIENT HOMES. PRIORITY IS GIVEN TO HOMES OWNED OR OCCUPIED BY SENIOR CITIZENS, HOUSEHOLDS WITH CHILDREN UNDER SIX, OR DISABLED CLIENTS TO ASSIST FOR A SAFE AND HEALTHY HOME AND IN REDUCING THEIR MONTHLY UTILITY COSTS. OUR PROGRAM PROVIDES MEASURES SUCH AS HEATING AND AIR CONDITIONING REPAIR OR REPLACEMENT, WATER HEATER AND OVEN REPLACEMENT, SOLAR SCREENS, ATTIC INSULATION, REFRIGERATORS, WEATHER-STRIPPING, LOW-FLOW SHOWERHEADS, AND OTHER ENERGY SAVING MEASURES. A TOTAL OF 280 HOMES WERE SERVED DURING THE 2018/2019 PROGRAM YEAR.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4C	<p>SHANNON WEST HOMELESS YOUTH CENTER (SWHYC) SHANNON WEST HOMELESS YOUTH CENTER (SWHYC) PROVIDES SERVICES FOR AT-RISK YOUTH THAT ARE HOMELESS OR ARE AT RISK OF BECOMING HOMELESS. THE YOUTH CENTER MOTIVATES RESIDENTS TOWARDS REACHING SELF-SUFFICIENCY BY PROVIDING THE TRAINING AND SKILLS TO FURTHER THEIR EDUCATION, EMPLOYMENT, SOCIAL AND LIFE SKILLS. THE RESIDENTIAL AND DAY PROGRAMMING ENABLES YOUTH TO GAIN THE SKILLS NECESSARY TO SUCCEED AS ADULTS IN THE COMMUNITY. BY COLLABORATING WITH A NUMBER OF AGENCIES, WE HAVE THE RESOURCES TO PROVIDE THE FOLLOWING SERVICES ON SITE: INTENSIVE CASE MANAGEMENT, SUBSTANCE ABUSE COUNSELING, MENTAL HEALTH REFERRALS, EDUCATIONAL ASSESSMENT, VOCATIONAL TRAINING, AND LIFE SKILLS GROUPS FOCUSING ON A VARIETY OF ISSUES SUCH AS ANGER MANAGEMENT, INDEPENDENT LIVING, MONEY MANAGEMENT, PEER SOCIALIZATION, CONSUMER AND PROBLEM SOLVING SKILLS, AND HEALTH EDUCATION. HELP OF SOUTHERN NEVADA HAS COMPLETED THE NEW 37,000 SQUARE FT. BUILDING AND RELOCATED THE SHANNON WEST HOMELESS YOUTH CENTER TO 1650 E. FLAMINGO ROAD. THIS HAS PROVIDED THE RESIDENTS WITH ADDITIONAL SUPPORT FROM SOCIAL SERVICES AGENCY AND EDUCATIONAL INSTITUTIONS IN THE AREA. THIS AREA ALSO HAS INCREASED EMPLOYMENT POTENTIAL FOR THE RESIDENTS. THIS NEW BUILDING HAS INCREASED THE CAPACITY TO HOUSE UP TO 166 HOMELESS YOUTH. PROGRAM STATISTICS FOR THE FISCAL YEAR 2018/2019: YOUTH SERVED -453 MALES- 272 FEMALES-160 TRANSGENDER-7 ENROLLED IN HIGH SCHOOL - 11 DIPLOMA COMPLETED - 11 GED/HISET PREP-CLASS (ENROLLED) - 42 GED/HISET COMPLETED - 1 ADULT EDUCATION (ENROLLED INTO CREDIT RETRIEVAL) - 32 ENROLLED IN COLLEGE - 15 ATTENDED VOCATIONAL TRAINING - 11 COMPLETED VOCATIONAL TRAINING - 0 RECEIVED SUBSTANCE ABUSE TREATMENT - 53 RECEIVED MENTAL HEALTH TREATMENT - 85</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>CRISIS TEAMS HELP'S PATH PROGRAM SERVES THE SEVERELY MENTALLY ILL CLIENTS. PATH HAS BEEN SERVING CLIENTS SINCE MARCH 2013. THESE CLIENTS ARE CONNECTED WITH SERVICES TO STABILIZE THEIR MENTAL HEALTH ISSUES AND ADDRESS OTHER BARRIERS THAT HAVE LED TO THEIR HOMELESSNESS. THE MOBILE CRISIS INTERVENTION TEAM (MCIT) CONDUCTS INTERVENTIONS, ABATEMENTS AND HEALTH &amp; SAFETY CHECKS THROUGHOUT ALL JURISDICTIONS AT THE DIRECTION OF CLARK COUNTY. THEY WORK IN TANDEM WITH ALL SERVICE PROVIDERS TO ENCOURAGE HOMELESS INDIVIDUALS AND FAMILIES LIVING IN PLACES NOT MEANT FOR HUMAN HABITATION TO ENGAGE IN SERVICES. THE MOBILE CRISIS INTERVENTION AND OUTREACH FOR LINKAGE, INTERVENTION, NAVIGATION, AND KNOWLEDGE (MCIT LINK) TEAM CONDUCTS OUTREACH EFFORTS TO LOCATE AND PROVIDE COMMUNITY CASE MANAGEMENT, BRIDGE HOUSING, AND DETERMINE ELIGIBILITY FOR INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS OR OTHER POPULATIONS AS IDENTIFIED IN THE COMMUNITY QUEUE. MCIT (CALL-OUT TEAM) IS DESIGNED TO IMMEDIATELY RESPOND TO CRISIS INTERVENTION REQUESTS FROM CLARK COUNTY. THE TEAM PROVIDES AN ORR FOR THESE REQUESTS THAT INCLUDE, BUT NOT LIMITED TO, NUMBER OF ENCAMPMENTS, NUMBER OF HOMELESS, TYPE OF LOCATION (PUBLIC PARK, PRIVATE PROPERTY, TUNNEL/WASH, ETC.), ENVIRONMENTAL FACTORS AND HEALTH AND SAFETY ISSUES. ALL OF THIS IS DONE WHILE ENGAGING THE CLIENTELE AND OFFERING TO PROVIDE SERVICES AND RESOURCES, WHICH ARE PLACED INTO HMIS. THESE SERVICES INCLUDE, BUT NOT LIMITED TO, CONDUCTING HOUSING ASSESSMENTS, CASE MANAGEMENT, SCHEDULING APPOINTMENTS AND IMMEDIATE NEEDS FOR SHELTER, MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. MCIT PROACTIVE TEAM: (MCIT 2) THE PROACTIVE TEAM ROUTINELY MONITORS AREAS THAT HAVE A LARGE POPULATION OF HOMELESS. THEY MAY ALSO RESPOND TO REQUESTS FROM CLARK COUNTY AND OTHER AGENCIES TO INCLUDE, BUT NOT LIMITED TO, SMART, LAS VEGAS METRO POLICE DEPARTMENT, DEPARTMENT OF PUBLIC WORKS, SOUTHERN NEVADA HEALTH DISTRICT AND HELP OF SOUTHERN NEVADA. THE TEAM WILL SOMETIMES PROVIDE AN ORR FOR THESE REQUESTS, BUT WILL ALWAYS DOCUMENT PERTINENT DATA TO THE AREA AND PRESENT THEM IN A DAILY ACTIVITY REPORT. SIMILAR TO THE MCIT CALL-OUT TEAM, ALL OF THIS IS DONE WHILE ENGAGING THE CLIENTELE AND OFFERING TO PROVIDE SERVICES AND RESOURCES, WHICH ARE PLACED INTO HMIS. THESE SERVICES INCLUDE, BUT NOT LIMITED TO, CONDUCTING HOUSING ASSESSMENTS, CASE MANAGEMENT, SCHEDULING APPOINTMENTS AND IMMEDIATE NEEDS FOR SHELTER, MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. THE CITY OF LAS VEGAS MULTI-AGENCY OUTREACH RESOURCE ENGAGEMENT PROJECT (MORE) TEAM IS A MULTI-AGENCY HOMELESS OUTREACH TEAM LED BY OFFICERS FROM THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT, WHO CONDUCT INTERVENTIONS, ABATEMENTS, AND HEALTH &amp; SAFETY CHECKS THROUGHOUT THE CITY OF LAS VEGAS TO ENCOURAGE HOMELESS INDIVIDUALS AND FAMILIES LIVING IN PLACES NOT MEANT FOR HUMAN HABITATION TO ENGAGE IN SERVICES. PATH, MCIT, LINK, AND MORE TEAMS WENT TO 417 TUNNELS IN 2018/2019 TO WARN INDIVIDUALS REGARDING THE P</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>POSSIBILITY OF FLOODING AND OFFER SERVICES TO INDIVIDUALS WHO RESIDE IN THOSE TUNNELS. THE TEAMS RESPONDED TO OUTREACH REQUESTS 409 TIMES BY CLARK COUNTY SOCIAL SERVICES, DEPARTMENT OF PUBLIC WORKS, LVMPD, AND CITY AND COUNTY OFFICIALS AS WELL AS PARKS AND RECREATION THIS YEAR. NUMBER OF OUTREACHES CONDUCTED 2018/2019 1.PATH 1185 2.MCIT 4231 NUMBER OF INDIVIDUALS CONTACTED AND OFFERED SERVICES 2018/2019 1. PATH - 1378 2. MCIT - 8821 NUMBER OF HOUSING ASSESSMENTS AND REFERRALS TO THE QUEUE 2018/2019 1. PATH - 156 2. MCIT - 981 NUMBER OF CLARITY CARDS ISSUED TO CLIENTS IN THE FIELD 2018/2019 1. PATH - 22 2. MCIT - 346 -NUMBER OF REFERRALS TO INDIVIDUALS FOR MENTAL HEALTH EVALUATION/SERVICES 2018/2019 1. PATH - 289 2. MCIT - 921 COMMUNITY OUTREACH HELP HOLIDAY PROGRAMS CONSIST OF THANKSGIVING ASSISTANCE , HOLIDAY TOY ASSISTANCE, AND ADOPT-A-FAMILY. CLIENTS RECEIVING THANKSGIVING ASSISTANCE RECEIVE A FROZEN TURKEY AND GROCERIES TO PREPARE A TRADITIONAL THANKSGIVING MEAL, INCLUDING MASHED POTATOES, STUFFING, CRANBERRIES AND MORE. IN FISCAL YEAR 2018 - 2019, 1,073 FAMILIES RECEIVED THANKSGIVING ASSISTANCE FROM HELP OF SOUTHERN NEVADA. HOLIDAY TOY ASSISTANCE ALLOWS UP TO 3,000 NEEDY SOUTHERN NEVADA FAMILIES TO RECEIVE HOLIDAY TOYS FOR THEIR ELIGIBLE CHILDREN DIRECTLY THROUGH HELP WHO, WITHOUT THIS ASSISTANCE, WOULD OTHERWISE DO WITHOUT. IN FISCAL YEAR 2018 - 2019, 1,276 FAMILIES, REPRESENTING 3,848 CHILDREN RECEIVED HOLIDAY TOY ASSISTANCE FROM HELP OF SOUTHERN NEVADA. ADOPT-A FAMILY ALLOWS COMMUNITY MEMBERS THE OPPORTUNITY TO 'ADOPT' LOCAL PRE-QUALIFIED FAMILIES FROM THE POOL OF THOSE WHO APPLY FOR HOLIDAY ASSISTANCE THROUGH HELP, WHO FIND THEMSELVES IN UNIQUE AND COMPELLING SITUATIONS DURING THE HOLIDAY SEASON. SPONSORS PURCHASE ITEMS FROM A LIST OF TOY AND CLOTHING PREFERENCES AND THESE ITEMS ARE PROVIDED TO THE PRE- QUALIFIED FAMILY ANONYMOUSLY. IN FISCAL YEAR 2018 - 2019, 431 FAMILIES, REPRESENTING 1,189 CHILDREN, WERE "ADOPTED" FOR THE HOLIDAYS THROUGH HELP OF SOUTHERN NEVADA. IN FISCAL YEAR 2018 - 2019, 88 AGENCIES IN SOUTHERN NEVADA WERE ASSISTED WITH TOYS, BIKES AND GIFT CARDS BECAUSE OF THE HOLIDAY TOY ASSISTANCE PROGRAM AT HELP. WORK OPPORTUNITIES READINESS CENTER (W.O.R.C.) (W.O.R.C) PROVIDES SERVICES THAT EMPOWER PARTICIPANTS TO ENTER OR RE-ENTER THE LABOR MARKET. WORKSHOPS, SUPPORT GROUPS AND NETWORKING, ONE-TO-ONE PERSONAL OR VOCATIONAL COUNSELING, JOB SEEKING/KEEPING METHODS, LEADERSHIP DEVELOPMENT, DECISION-MAKING SKILLS DEVELOPMENT, AND ASSISTANCE WITH DEVELOPING AN ACTION PLAN ARE AMONG THE RESOURCES USED TO HELP PARTICIPANTS BUILD CONFIDENCE, IDENTIFY SKILLS, AND SEEK TRAINING OR EMPLOYMENT. THROUGH THE DISPLACED HOMEMAKER PROGRAM, W.O.R.C. ASSISTS BOTH MEN AND WOMEN TO EVALUATE THEIR CURRENT EMPLOYMENT NEEDS, THEN OFFERS FREE WEEK-LONG WORKSHOPS TO SHARPEN JOB SEEKING SKILLS, AS WELL AS HELPING WITH JOB REFERRALS AND PLACEMENT. IN 2018/2019, HELP SERVED 113 ADULTS WHO HAD RECENTLY LOST HIS OR HER PRIMARY SOURCE OF INCOME DUE TO JOB LOSS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>Y-OFFS, DIVORCE, DEATH, OR DISABILITY. IN ADDITION, THROUGH THE WORKFORCE INNOVATION AND OPPORTUNITY ACT ACT-WIOA, FUNDED BY WORKFORCE CONNECTIONS- WC, HELP OF SOUTHERN NEVADA ONE STOP CENTER PROVIDED SUPPORT/TRAINING/EMPLOYMENT ACTIVITIES TO UNEMPLOYED &amp; UNDEREMPLOYED ADULTS TO HELP THEM RE-ENTER THE WORKFORCE AND ACHIEVE GAINFUL EMPLOYMENT. IN ADDITION, HE LP'S WIOA YOUTH PROGRAM PROVIDED EMPLOYMENT &amp; TRAINING ACTIVITIES TO LOW INCOME, AT-RISK Y OUTH, WHO HAD DROPPED OUT OF HIGH SCHOOL, AGES 16-24 IN CLARK COUNTY AND UNINCORPORATED AREAS OF SANDY VALLEY AND SEARCHLIGHT WITH LONG TERM OUTCOMES SUCH AS: BASIC EDUCATIONAL AND EMPLOYMENT SKILLS, COMPLETION OF ACADEMIC CERTIFICATES (INCLUDING HIGH SCHOOL DIPLOMAS AND EQUIVALENTS) AND PLACEMENT IN EMPLOYMENT, POST- SECONDARY EDUCATION AND/OR TRAINING. IN 2018/2019, HELP SERVED 623 UNDUPLICATED ADULTS AND AT-RISK YOUTH WITH WIOA PROGRAMS. HELP' S W.O.R.C DEPARTMENT SERVED 736 CLIENTS IN PY 2018/2019. FRAMING HOPE WAREHOUSE (FHW) FRAMING HOPE WAREHOUSE (FHW) PROVIDES DONATED PRODUCTS THROUGH A PARTNERSHIP WITH LOCAL AND NATIONAL COMPANIES MANAGED BY GOOD360 TO REGISTERED 501 C 3 ORGANIZATIONS FOR A SMALL ADMINISTRATIVE FEE. AS OF FISCAL YEAR 2018/2019, FHW HAS 165 REGISTERED MEMBERS AND HAVE CUMULATIVELY SAVED MEMBER ORGANIZATIONS IN EXCESS OF 1.6 MILLION. EMERGENCY RESOURCE SERVICES (ERS) EMERGENCY RESOURCE SERVICES (ERS) PROVIDES ASSISTANCE TO LOW-INCOME HOUSEHOLDS THAT ARE LITERALLY HOMELESS OR AT IMMINENT RISK OF HOMELESSNESS. SERVICES PROVIDED BY ERS INCLUDE, BUT ARE NOT LIMITED TO, INTENSIVE CASE MANAGEMENT, RENTAL AND UTILITY ASSISTANCE, FOOD VOUCHERS, HOUSING OF PEOPLE WITH AIDS TENANT BASED RENTAL ASSISTANCE, PERMANENT SUPPORTIVE HOUSING, RAPID RE-HOUSING, HOMELESS PREVENTION, AND RYAN WHITE PART A SERVICES. DURING FISCAL YEAR 2018 - 2019, ERS PROVIDED THE FOLLOWING SERVICES: - 272 HOUSEHOLDS RECEIVED UTILITY ASSISTANCE THROUGH ENERGY SHARE - 37 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE, AVOIDING HOMELESSNESS - 77 HOUSEHOLDS RECEIVED RAPID REHOUSING SERVICES - 44 HOUSEHOLDS ENROLLED IN HO PWA TENANT BASED RENTAL ASSISTANCE - 35 HOUSEHOLDS RECEIVED PERMANENT SUPPORTIVE HOUSING SERVICES - 3,231 FOOD VOUCHERS ISSUED FOR PANTRY SERVICES. ALSO UNDER ERS IS OUR BABY FIRST SERVICES (BFS). BFS PROVIDES PRE AND POSTNATAL GUIDANCE TO FIRST-TIME MOTHERS, AT-RISK TEENS, AND AT-RISK WOMEN IN OUR COMMUNITY TO REDUCE THE RISK OF LOW BIRTH WEIGHT AND INFANT MORTALITY. DURING THE 2018-2019 FISCAL YEAR, 1,032 PREGNANT OR PARENTING WOMEN AND THEIR BABIES RECEIVED ASSISTANCE. SOME SERVICES PROVIDED BY BFS INCLUDE, BUT ARE NOT LIMITED TO, CASE MANAGEMENT SUPPORT, SMARTSHOP HEALTHY HABITS CLASSES, BECOMING A MOM, SAFE SLEEP FOR YOUR BABY AND PACK N PLAY, INFANT CAR SEAT SAFETY, ASSISTANCE WITH FOOD CARDS, BUS PASSES, DIAPERS AND WIPES, FORMULA, AND OTHER BABY ITEMS.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE AUDIT COMMITTEE REVIEWS THE RETURN AND THE EXECUTIVE COMMITTEE APPROVES IT BEFORE BEING SIGNED AND FILED WITH THE IRS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS HAVE TO COMPLETE A FORM ANNUALLY THAT DISCLOSES ANY CONFLICTS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES COMPENSATION USING INDUSTRY DATA. THIS PROCESS IS DOCUMENTED IN A MEMO TO HUMAN RESOURCES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE CEO REVIEWS AND APPROVES COMPENSATION USING INDUSTRY DATA. THIS PROCESS IS DOCUMENTED IN A MEMO TO HUMAN RESOURCES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	THIRD PARTY SPECIAL EVENTS -24,801 EVENT EXPENSES 24,801



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HELP OF SOUTHERN NEVADA

**Employer identification number**

88-0108496

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> HELP TITLE HOLDING COMPANY 1640 E FLAMINGO 100  LAS VEGAS, NV 89119 47-5135054	HOLDING CO	NV	501C2		HELP	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	Yes
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HELP TITLE HOLDING COMPANY	D	24,968	CASH



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

<b>Return Reference</b>	<b>Explanation</b>