

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- 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)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.HELPSONV.ORG

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.

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	208
6 Total number of volunteers (estimate if necessary)	3,572
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,592,467	16,149,759
9 Program service revenue (Part VIII, line 2g)	291,744	163,373
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,891	68,182
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,166	107,840
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,972,268	16,489,154
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,089,334	6,175,198
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,197,734	8,155,313
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 547,178		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,918,909	2,417,267
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,205,977	16,747,778
19 Revenue less expenses. Subtract line 18 from line 12	-233,709	-258,624

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,369,257	13,933,667
21 Total liabilities (Part X, line 26)	1,669,656	3,492,690
22 Net assets or fund balances. Subtract line 21 from line 20	10,699,601	10,440,977

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: 2021-04-06
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		2021-04-13		P00292787
Firm's address ▶ 8675 S EASTERN AVE STE A LAS VEGAS, NV 891232839			Firm's EIN ▶ 88-0374623	Phone no. (702) 269-9992

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 4,825,497 including grants of \$ 2,573,511) (Revenue \$ 62,791)
See Additional Data

4b (Code:) (Expenses \$ 2,031,552 including grants of \$ 1,291,970) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 2,082,458 including grants of \$ 292,807) (Revenue \$ 9,948)
See Additional Data











(Code:) (Expenses \$ 6,159,700 including grants of \$ 2,016,910) (Revenue \$ 90,634)

CRISIS TEAMS THE MOBILE CRISIS INTERVENTION TEAM (MCIT) CONDUCTS COORDINATED OUTREACH, INTERVENTIONS, ABATEMENTS AND HEALTH & SAFETY CHECKS THROUGHOUT ALL JURISDICTIONS AT THE DIRECTION OF CLARK COUNTY. THEY MAY ALSO RESPOND TO REQUESTS FROM OTHER AGENCIES TO INCLUDE, BUT NOT LIMITED TO, CMART, LAS VEGAS METRO POLICE DEPARTMENT (LVMPD), DEPARTMENT OF PUBLIC WORKS, SOUTHERN NEVADA HEALTH DISTRICT AND HELP OF SOUTHERN NEVADA. 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 AND ACCEPT REFERRALS TO HELP THEM TRANSITION TO PERMANENT SUSTAINABLE HOUSING. THESE SERVICES AND REFERRALS INCLUDE, BUT NOT LIMITED TO, CONDUCTING HOUSING ASSESSMENTS, CASE MANAGEMENT, SCHEDULING APPOINTMENTS AND IMMEDIATE NEEDS FOR SHELTER, MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. THESE SERVICES AND NOTES ARE PLACED INTO THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS), ALONG WITH DETAILED DOCUMENTATION SUBMITTED IN A DAILY ACTIVITY REPORT. MCIT CALL-OUT TEAM IS DESIGNED TO IMMEDIATELY RESPOND TO CRISIS INTERVENTION REQUESTS FROM CLARK COUNTY. THE TEAM PROVIDES AN OUTREACH REQUEST REPORT FOR THESE REQUESTS THAT INCLUDE, BUT NOT LIMITED TO, NUMBER OF LIVING SPACES, NUMBER OF INDIVIDUALS, TYPE OF LOCATION (PUBLIC PARK, PRIVATE PROPERTY, TUNNEL/WASH, ETC.), ENVIRONMENTAL FACTORS AND HEALTH AND SAFETY ISSUES. MCIT PROACTIVE TEAM ROUTINELY MONITORS AND ASSISTS LARGE ENCAMPMENTS WITH TEN OR MORE INDIVIDUALS. THE TEAM WILL SOMETIMES PROVIDE AN OUTREACH REQUEST REPORT WHEN INITIALLY ENCOUNTERING THESE AREAS. MCIT PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) PROGRAM SERVES THE SEVERELY MENTALLY ILL CLIENTS AND THOSE DEALING WITH PROLONGED SUBSTANCE ABUSE ISSUES. THESE CLIENTS ARE CONNECTED WITH SERVICES TO STABILIZE THEIR MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE IN ORDER TO ADDRESS OTHER BARRIERS THAT HAVE LED TO THEIR HOMELESSNESS. MCIT LINKAGE, INTERVENTION, NAVIGATION, AND KNOWLEDGE (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 HMIS COMMUNITY QUEUE. THE CITY OF LAS VEGAS MULTI-AGENCY OUTREACH RESOURCE ENGAGEMENT PROJECT (MORE) TEAM IS A LED BY OFFICERS FROM THE LVMPD, 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 AND ACCEPT REFERRALS. IN 2020, MCIT TEAMS ENTERED OVER 400 TUNNELS TO PROVIDE SERVICES ALONG WITH WARNING INDIVIDUALS REGARDING THE POSSIBILITY AND DANGERS OF FLOODING. MCIT TEAMS HAVE ALSO RESPONDED TO NEARLY 500 OUTREACH REQUESTS FROM LVMPD, CLARK COUNTY SOCIAL SERVICES, CLARK COUNTY DEPARTMENT OF PUBLIC WORKS, CLARK COUNTY/CITY OF LAS VEGAS PARKS AND RECREATION, AND CLARK COUNTY AND CITY OF LAS VEGAS OFFICIALS. NUMBER OF OUTREACHES CONDUCTED 2019/2020 1. PATH 933 2. MCIT 3664 NUMBER OF INDIVIDUALS CONTACTED AND OFFERED SERVICES 2019/2020 1. PATH - 1584 2. MCIT - 8343 NUMBER OF HOUSING ASSESSMENTS AND REFERRALS TO THE QUEUE 2019/2020 1. PATH - 202 2. MCIT - 978 NUMBER OF CLARITY CARDS ISSUED TO CLIENTS IN THE FIELD 2019/2020 1. PATH - 10 2. MCIT - 200 -NUMBER OF REFERRALS TO INDIVIDUALS FOR MENTAL HEALTH EVALUATION/SERVICES 2019/2020 1. PATH - 163 2. MCIT - 1319 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 2019 - 2020, 753 FAMILIES RECEIVED THANKSGIVING ASSISTANCE FROM HELP OF SOUTHERN NEVADA. HOLIDAY TOY ASSISTANCE ALLOWS 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 2019 - 2020, 1,535 FAMILIES, REPRESENTING 3,503 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 2019 - 2020, 279 FAMILIES, REPRESENTING 794 CHILDREN, WERE "ADOPTED" FOR THE HOLIDAYS THROUGH HELP OF SOUTHERN NEVADA. IN FISCAL YEAR 2019 - 2020, 93 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 2019/2020, HELP SERVED 100 ADULTS WHO HAD RECENTLY LOST HIS OR HER PRIMARY SOURCE OF INCOME DUE TO JOB LAY-OFFS, DIVORCE, DEATH, OR DISABILITY. HELP'S WIOA YOUTH PROGRAM PROVIDED EMPLOYMENT & TRAINING ACTIVITIES TO 307 LOW INCOME, AT-RISK YOUTH, AGES 14 -24 IN CLARK COUNTY AND UNINCORPORATED AREAS OF MESQUITE 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 2019/2020, HELP ASSISTED 66 JOB SEEKERS IN THE COMMUNITY WITH JOB SUPPORT, JOB REFERRALS, ETC. AS A RESULT OF COVID 19. HELP'S W.O.R.C DEPARTMENT SERVED 473 CLIENTS IN PY 2019/2020. 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 2019/2020, FHW HAS 165 REGISTERED MEMBERS AND HAVE CUMULATIVELY SAVED MEMBER ORGANIZATIONS IN EXCESS OF 1.7 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, HOUSING OF PEOPLE WITH AIDS TENANT BASED RENTAL ASSISTANCE, RAPID RE-HOUSING, HOMELESS PREVENTION, AND RYAN WHITE PART A SERVICES. DURING FISCAL YEAR 2019 - 2020, ERS PROVIDED THE FOLLOWING SERVICES: - 238 HOUSEHOLDS RECEIVED UTILITY ASSISTANCE THROUGH ENERGY SHARE - 247 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE, AVOIDING HOMELESSNESS - 93 HOUSEHOLDS RECEIVED UTILITY ASSISTANCE - 109 HOUSEHOLDS RECEIVED RAPID REHOUSING SERVICES - 36 HOUSEHOLDS ENROLLED IN HOPWA TENANT BASED RENTAL ASSISTANCE - 7 HOMELESS PREVENTION 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 2019-2020 FISCAL YEAR, APPROXIMATELY 1,300 PREGNANT OR PARENTING WOMEN, MEN AND THEIR BABIES RECEIVED ASSISTANCE. SOME SERVICES PROVIDED BY BFS INCLUDE, BUT ARE NOT LIMITED TO, CASE MANAGEMENT SUPPORT, SMARTSHOP HEALTHY HABITS CLASSES, SAFE SLEEP FOR YOUR BABY AND PACK N PLAY, INFANT CAR SEAT SAFETY, BUS PASSES, DIAPERS AND WIPES, FORMULA, AND OTHER BABY ITEMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 6,159,700 including grants of \$ 2,016,910) (Revenue \$ 90,634)

4e Total program service expenses 15,099,207

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 		No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	45	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 208
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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.

See instructions for the order in which to list the persons above.

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) FUILALA RILEY PRESIDENT/CE	40.00			X			186,099	0	3,206	
(2) KELLY ROBSON CSSO	40.00					X	116,777	0	3,279	
(3) SHELLY TORRES CFO	40.00			X			113,486	0	3,055	
(4) JAMMIE AVILA TRUSTEE	1.00	X					0	0	0	
(5) STACY BRAZILL TRUSTEE	1.00	X					0	0	0	
(6) CHET BUCHANAN TRUSTEE	1.00	X					0	0	0	
(7) KYLE CLINGO TRUSTEE	1.00	X					0	0	0	
(8) LISA COOPER-TIPPETT TREASURER	1.00	X		X			0	0	0	
(9) ERIC DEBONIS TRUSTEE	1.00	X					0	0	0	
(10) MICHELLE ECKMANN TRUSTEE	1.00	X					0	0	0	
(11) BRENDA FRANK TRUSTEE	1.00	X					0	0	0	
(12) MARY HAUSCH TRUSTEE	1.00	X					0	0	0	
(13) DUANE KEIDEL TRUSTEE	1.00	X					0	0	0	
(14) THOMAS KUMMER TRUSTEE	1.00	X					0	0	0	
(15) DAVID MARLON TRUSTEE	1.00	X					0	0	0	
(16) KELLI MARUCA SECRETARY	1.00	X		X			0	0	0	
(17) KATHY MCCLAIN VICE CHAIRPE	1.00	X		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) JERRIE MERRITT CHAIRPERSON	1.00	X		X				0	0	0	
(19) ROBERT RAY TRUSTEE	1.00	X						0	0	0	
(20) HANK VAN SON TRUSTEE	1.00	X						0	0	0	
(21) DAN UONITES TRUSTEE	1.00	X						0	0	0	
(22) JASON VIECHNICKI TRUSTEE	1.00	X						0	0	0	
(23) SCOTT WIEGAND TRUSTEE	1.00	X						0	0	0	
(24) VESELA ZEHIREV TRUSTEE	1.00	X						0	0	0	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								416,362			9,540

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		
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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	
5 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	1,021,687
FREMONT GARDENS 1990 WESTWOOD BLVD STE 260 LOS ANGELES, CA 90025	RENT	165,228
FREMONT GARDENS 2 LLC 1990 WESTWOOD BLVD STE 260 LOS ANGELES, CA 90025	RENT	161,302
RATPACK BUNGALOW LLC 21801 SHERMAN WY STE 508 CANOGA PARK, CA 91303	RENT	125,828
OLIVE PROPERTIES LLC 1990 WESTWOOD BLVD STE 260 LOS ANGELES, CA 90025	RENT	102,271

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 ▶ 6	
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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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	73,057				
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,423,651				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,653,051				
	g Noncash contributions included in lines 1a - 1f:\$	1g	14,764				
	h Total. Add lines 1a-1f			16,149,759			
Program Service Revenue		Business Code					
	2a FRAMING HOPE	561000	87,357	87,357			
	b MEDICAID	561000	62,791	62,791			
	c SWYC SRO RENT	561000	9,948	9,948			
	d WEATHERIZATION	561000	3,277	3,277			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			163,373				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		69,308			69,308	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	29,287				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	29,287				
	d Net rental income or (loss)		29,287	29,287			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses	1,126				
		c Gain or (loss)	-1,126				
	d Net gain or (loss)		-1,126	-1,126			
	8a Gross income from fundraising events (not including \$ 73,057 of contributions reported on line 1c). See Part IV, line 18		35,667				
		b Less: direct expenses	35,667				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE	561000	78,553			78,553		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		78,553					
12 Total revenue. See instructions		16,489,154	191,534		147,861		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,175,198	6,175,198		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	328,923	92,182	214,112	22,629
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,839,615	6,035,305	535,059	269,251
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	299,535	259,957	27,508	12,070
10 Payroll taxes	687,240	587,796	71,473	27,971
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	36,500	33,094	214	3,192
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	298,697	145,862	61,232	91,603
12 Advertising and promotion	12,934	10,499	2,250	185
13 Office expenses	549,606	465,022	47,153	37,431
14 Information technology				
15 Royalties				
16 Occupancy	680,805	629,930	29,349	21,526
17 Travel	192,113	188,983	829	2,301
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	22,004		22,004	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,725	118,006	2,483	2,236
23 Insurance	200,129	185,202	8,485	6,442
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DATA LOSS RECOVERY	68,868		68,868	
b TRAINING	55,013	48,479	5,908	626
c PROPERTY TAXES	50,350	50,350		
d FRAMING HOPE SUPPLIES	45,028	45,028		
e All other expenses	82,495	28,314	4,466	49,715
25 Total functional expenses. Add lines 1 through 24e	16,747,778	15,099,207	1,101,393	547,178
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	1,144,882	1	1,828,468
	2 Savings and temporary cash investments	50,253	2	70,331
	3 Pledges and grants receivable, net	2,262,181	3	3,073,248
	4 Accounts receivable, net	34,337	4	119,292
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,685,000	7	6,685,000
	8 Inventories for sale or use	118,317	8	124,330
	9 Prepaid expenses and deferred charges	39,798	9	39,624
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,911,911		
	b Less: accumulated depreciation	10b 986,389	1,969,823	10c 1,925,522
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	64,666	15	67,852
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,369,257	16	13,933,667	
Liabilities	17 Accounts payable and accrued expenses	631,336	17	870,390
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	454,569	23	430,990
	24 Unsecured notes and loans payable to unrelated third parties		24	1,618,400
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	583,751	25	572,910
	26 Total liabilities. Add lines 17 through 25	1,669,656	26	3,492,690
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,307,963	27	7,246,837
	28 Net assets with donor restrictions	7,391,638	28	3,194,140
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	10,699,601	32	10,440,977	
33 Total liabilities and net assets/fund balances	12,369,257	33	13,933,667	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,489,154
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,747,778
3	Revenue less expenses. Subtract line 2 from line 1	3	-258,624
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,699,601
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,440,977

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

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

Form 990 (2019)

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-FIVE 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 ENTRY BEGAN IN CLARK COUNTY. ANYONE IDENTIFYING AS HOMELESS CAN BE REFERRED TO CLARK COUNTY FOR A HOUSING ASSESSMENT OR COMPLETE AN ASSESSMENT WITH THE CRISIS TEAMS WHO WORK IN PLACES NOT MEANT FOR HUMAN HABITATION. THEY CAN ALSO COME TO HELP OF SOUTHERN NEVADA. ONCE THE ASSESSMENT IS COMPLETED THIS WILL BE SENT TO THE COMMUNITY MATCHERS, WHO WILL SEND THE REFERRAL TO A HOUSING PROVIDER WHO HAS VACANCIES. HELP'S NEW BEGINNINGS; HELP THEM HOME; CAHBI 2; HEALTHY LIVING; HOSPITAL TO HOME; BUILT FOR ZERO; THE NEXT STEP; A NEW START ARE HOUSING PROGRAMS THAT PROVIDE 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: -NUMBER OF CLIENTS WHO PARTICIPATED IN THE PROGRAM YEAR: 1. NEW BEGINNINGS - 190 2. HELP THEM HOME - 107 3. THE NEXT STEP - 18 4. HEALTHY LIVING - 63 5. CAHBI 2 - 55 6. HOSPITAL TO HOME - 66 7. BUILT FOR ZERO - 13 8. A NEW START - 152 -NUMBER OF CLIENTS DISCHARGED THROUGHOUT THE PROGRAM YEAR: 1. NEW BEGINNINGS - 46 2. HELP THEM HOME - 45 3. THE NEXT STEP - 7 4. HEALTHY LIVING - 17 5. CAHBI 2 - 17 6. HOSPITAL TO HOME - 19 7. BUILT FOR ZERO - 0 8. A NEW START - 42 -NUMBER OF CLIENTS BROUGHT ON TO CASELOAD: 1. NEW BEGINNINGS - 61 2. HELP THEM HOME - 51 3. THE NEXT STEP - 18 4. HEALTHY LIVING - 23 5. CAHBI 2 - 17 6. HOSPITAL TO HOME - 28 7. BUILT FOR ZERO - 13 8. A NEW START - 81 -NUMBER OF ACTIVE CLIENTS AT THE END OF THE PROGRAM YEAR: 1. NEW BEGINNINGS - 141 2. HELP THEM HOME - 55 3. THE NEXT STEP - 11 4. HEALTHY LIVING - 46 5. CAHBI 2 - 38 6. HOSPITAL TO HOME - 48 7. BUILT FOR ZERO - 13 8. A NEW START - 110 -CLIENTS WITH STABLE EXITS FROM THE PROGRAM: 1. NEW BEGINNINGS - 86% 2. HELP THEM HOME - 83.87% 3. THE NEXT STEP - 42.86% 4. HEALTHY LIVING - 94.12% 5. CAHBI 2 - 88.24% 6. HOSPITAL TO HOME - 57.89% 7. BUILT FOR ZERO - 0% 8. A NEW START - 95.12% - CLIENTS WHO ARE VETERANS: 1. NEW BEGINNINGS - 6 2. HELP THEM HOME - 3 3. THE NEXT STEP - 0 4. HEALTHY LIVING - 1 5. CAHBI 2 - 3 6. HOSPITAL TO HOME - 1 7. BUILT FOR ZERO - 0 8. A NEW START - 0 -PERCENTAGE OF CLIENTS WHO INCREASED JOBS, INCOME, EXITED TO KNOWN DESTINATIONS: 1. NEW BEGINNINGS A. EMPLOYMENT - 2.63 B. INCREASED OR SUSTAINED OTHER CASH INCOME - 30% C. IMPROVED EDUCATION - 5.35% D. EXITED TO KNOWN DESTINATIONS - 100% 2. HELP THEM HOME A. EMPLOYMENT - 0% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 31.76% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 3. HEALTHY LIVING A. EMPLOYMENT - 0% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 32.79% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 4. CAHBI 2 A. EMPLOYMENT - 1.82% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 21.82 % C. IMPROVED EDUCATION - 00% D. EXITED TO KNOWN DESTINATIONS - 100% 5. HOSPITAL TO HOME A. EMPLOYMENT - 6.06% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 22.73% C. IMPROVED EDUCATION - 1.64% D. EXITED TO KNOWN DESTINATIONS - 94.74% 6. THE NEXT STEP A. EMPLOYMENT - 5.88% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 17.65 % C. IMPROVED EDUCATION - 0 % D. EXITED TO KNOWN DESTINATIONS - 100% 7. BUILT FOR ZERO A. EMPLOYMENT - 0 % B. INCREASED OR SUSTAINED OTHER CASH INCOME - 69.23% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 0 % 8. A NEW START A. EMPLOYMENT - 5.63 % B. INCREASED OR SUSTAINED OTHER CASH INCOME - 30.99% C. IMPROVED EDUCATION - 25.86% 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 250 HOMES WERE SERVED DURING THE 2019/2020 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 2019/2020: YOUTH SERVED -518 MALES- 340 FEMALES-167 TRANSGENDER-10 NON-BINARY- 1 EDUCATIONAL ASSESSMENTS- 140 ENROLLED IN HIGH SCHOOL - 4 DIPLOMA COMPLETED - 0 GED/HISET PREP-CLASS (ENROLLED) - 19 GED/HISET COMPLETED - 0 ADULT EDUCATION (ENROLLED INTO CREDIT RETRIEVAL) - 14 ENROLLED IN COLLEGE - 5 COMPLETE FASFA-12 ATTENDED VOCATIONAL TRAINING - 1 COMPLETED VOCATIONAL TRAINING - 0 RECEIVED SUBSTANCE ABUSE TREATMENT - 189 RECEIVED MENTAL HEALTH TREATMENT - 115 RESIDENTS WHO EXITED TO PERMANENT DESTINATIONS- 170 RECIDIVISM RATE 27.6% OBTAINED EMPLOYMENT 177

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	13,262,673	16,710,002	13,115,799	14,592,467	16,149,759	73,830,700
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	13,262,673	16,710,002	13,115,799	14,592,467	16,149,759	73,830,700
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						73,830,700

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	13,262,673	16,710,002	13,115,799	14,592,467	16,149,759	73,830,700
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	16,886	66,156	66,804	66,891	69,308	286,045
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .			561	7,268	77,553	85,382
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	2,063	44,073				46,136
11 Total support. Add lines 7 through 10						74,248,263
12 Gross receipts from related activities, etc. (see instructions)					12	944,278

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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.440 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.560 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, 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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	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>		
2	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>		
3a	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	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>		
c	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>		
4a	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	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>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a	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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	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>		
8	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>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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	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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 46,136

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
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 for instructions and 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end 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 |
| (i) unrelated organizations | | |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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
1a Land		376,854		376,854
b Buildings		1,666,385	302,728	1,363,657
c Leasehold improvements		21,434	6,466	14,968
d Equipment		847,238	677,195	170,043
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,925,522

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)		
Total. (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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	572,910
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	572,910

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.

1	Total revenue, gains, and other support per audited financial statements		1	16,724,555
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	234,275	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,126	
e	Add lines 2a through 2d		2e	235,401
3	Subtract line 2e from line 1		3	16,489,154
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	16,489,154

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.

1	Total expenses and losses per audited financial statements		1	16,983,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	234,275	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,126	
e	Add lines 2a through 2d		2e	235,401
3	Subtract line 2e from line 1		3	16,747,778
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	16,747,778

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 2D	LOSS ON INVENTORY DISPOSAL 1,126

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LOSS ON INVENTORY DISPOSAL 1,126

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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.

Department of the Treasury Internal Revenue Service

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 10 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) Total events
	<u>50TH BIRTHDAY B</u> (event type)	<u>TEA TRENDS</u> (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	59,551	49,173		108,724
2 Less: Contributions	43,288	29,769		73,057
3 Gross income (line 1 minus line 2)	16,263	19,404		35,667
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs	15,669	17,975	33,644
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	594	1,429	2,023
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				35,667
11 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))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 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
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

2019

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. Part II can be duplicated if additional space is needed.

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	12157	609,108		CASH	
(2) WEATHERIZATION	250	1,291,970		CASH	
(3) RENT AND UTILITIES ASSIST	2173	3,902,145		CASH	
(4) TRAVEL ASSISTANCE	6308	64,863		CASH	
(5) FOOD AND GIFT CARDS	2509	307,112		CASH	
(5)					
(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

OMB No. 1545-0047

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 for instructions and the latest information.

2019

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>1a 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 If any of the boxes on 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>	1b									
<p>2 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 on Line 1a?</p>	2									
<p>3 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>4 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>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 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>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 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>	7	No								
<p>8 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>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the 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 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 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	43,753	WAGES		No
(2) MINDY TORRES	CFO FAMILY	78,034	WAGES		No

Part V Supplemental Information

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

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 for the latest information.

OMB No. 1545-0047

2019**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-FIVE 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 ENTRY BEGAN IN CLARK COUNTY. ANYONE IDENTIFYING AS HOMELESS CAN BE REFERRED TO CLARK COUNTY FOR A HOUSING ASSESSMENT OR COMPLETE AN ASSESSMENT WITH THE CRISIS TEAMS WHO WORK IN PLACES NOT MEANT FOR HUMAN HABITATION. THEY CAN ALSO COME TO HELP OF SOUTHERN NEVADA. ONCE THE ASSESSMENT IS COMPLETED THIS WILL BE SENT TO THE COMMUNITY MATCHERS, WHO WILL SEND THE REFERRAL TO A HOUSING PROVIDER WHO HAS VACANCIES. HELP'S NEW BEGINNINGS; HELP THEM HOME; CAHBI 2; HEALTHY LIVING; HOSPITAL TO HOME; BUILT FOR ZERO; THE NEXT STEP; A NEW START ARE HOUSING PROGRAMS THAT PROVIDE 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: -NUMBER OF CLIENTS WHO PARTICIPATED IN THE PROGRAM YEAR: 1. NEW BEGINNINGS - 190 2. HELP THEM HOME - 107 3. THE NEXT STEP - 18 4. HEALTHY LIVING - 63 5. CAHBI 2 - 55 6. HOSPITAL TO HOME - 66 7. BUILT FOR ZERO - 13 8. A NEW START - 152 -NUMBER OF CLIENTS DISCHARGED THROUGHOUT THE PROGRAM YEAR: 1. NEW BEGINNINGS - 46 2. HELP THEM HOME - 45 3. THE NEXT STEP - 7 4. HEALTHY LIVING - 17 5. CAHBI 2 - 17 6. HOSPITAL TO HOME - 19 7. BUILT FOR ZERO - 0 8. A NEW START - 4 2 -NUMBER OF CLIENTS BROUGHT ON TO CASELOAD: 1. NEW BEGINNINGS - 61 2. HELP THEM HOME - 51 3. THE NEXT STEP - 18 4. HEALTHY LIVING - 23 5. CAHBI 2 - 17 6. HOSPITAL TO HOME - 28 7. BUILT FOR ZERO - 13 8. A NEW S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>TART - 81 -NUMBER OF ACTIVE CLIENTS AT THE END OF THE PROGRAM YEAR: 1. NEW BEGINNINGS - 14 1 2. HELP THEM HOME - 55 3. THE NEXT STEP - 11 4. HEALTHY LIVING - 46 5. CAHBI 2 - 38 6. HOSPITAL TO HOME - 48 7. BUILT FOR ZERO - 13 8. A NEW START - 110 - CLIENTS WITH STABLE EXITS FROM THE PROGRAM: 1. NEW BEGINNINGS - 86% 2. HELP THEM HOME - 83.87% 3. THE NEXT STEP - 42.86% 4. HEALTHY LIVING - 94.12% 5. CAHBI 2 - 88.24% 6. HOSPITAL TO HOME - 57.89% 7. BUILT FOR ZERO - 0% 8. A NEW START - 95.12% - CLIENTS WHO ARE VETERANS: 1. NEW BEGINNINGS - 6 2. HELP THEM HOME - 3 3. THE NEXT STEP - 0 4. HEALTHY LIVING - 1 5. CAHBI 2 - 3 6. HOSPITAL TO HOME - 1 7. BUILT FOR ZERO - 0 8. A NEW START - 0 -PERCENTAGE OF CLIENTS WHO INCREASED JOBS, INCOME, EXITED TO KNOWN DESTINATIONS: 1. NEW BEGINNINGS A. EMPLOYMENT - 2.63 B. INCREASED OR SUSTAINED OTHER CASE INCOME - 30% C. IMPROVED EDUCATION - 5.35% D. EXITED TO KNOWN DESTINATIONS - 100% 2. HELP THEM HOME A. EMPLOYMENT - 0% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 31.76% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 3. HEALTHY LIVING A. EMPLOYMENT - 0% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 32.79% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS - 100% 4. CABHI 2 A. EMPLOYMENT - 1.82% B. INCREASED OR SUSTAINED OTHER CASH INCOME -21.82 % C. IMPROVED EDUCATION - 00% D. EXITED TO KNOWN DESTINATIONS - 100% 5. HOSPITAL TO HOME A. EMPLOYMENT - 6.06% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 22.73% C. IMPROVED EDUCATION - 1.64% D. EXITED TO KNOWN DESTINATIONS - 94.74% 6. THE NEXT STEP A. EMPLOYMENT - 5.88% B. INCREASED OR SUSTAINED OTHER CASH INCOME - 17.65 % C. IMPROVED EDUCATION -0 % D. EXITED TO KNOWN DESTINATIONS - 100% 7. BUILT FOR ZERO A. EMPLOYMENT -0 % B. INCREASED OR SUSTAINED OTHER CASH INCOME - 69.23% C. IMPROVED EDUCATION - 0% D. EXITED TO KNOWN DESTINATIONS -0 % 8. A NEW START A. EMPLOYMENT -5.63 % B. INCREASED OR SUSTAINED OTHER CASH INCOME - 30.99% C. IMPROVED EDUCATION - 25.86% D. EXITED TO KNOWN DESTINATIONS - 100%</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 250 HOMES WERE SERVED DURING THE 2019/2020 PROGRAM YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 2019/2020: YOUTH SERVED -518 MALES- 340 FEMALES-167 TRANSGENDER-10 NON-BINARY- 1 EDUCATIONAL ASSESSMENTS- 140 ENROLLED IN HIGH SCHOOL - 4 DIPLOMA COMPLETED - 0 GED/HISET PREP-CLASS (ENROLLED) - 19 GED/HISET COMPLETED - 0 ADULT EDUCATION (ENROLLED INTO CREDIT RETRIEVAL) - 14 ENROLLED IN COLLEGE - 5 COMPLETE FASFA-12 ATTENDED VOCATIONAL TRAINING - 1 COMPLETED VOCATIONAL TRAINING - 0 RECEIVED SUBSTANCE ABUSE TREATMENT - 189 RECEIVED MENTAL HEALTH TREATMENT - 115 RESIDENTS WHO EXITED TO PERMANENT DESTINATIONS- 170 RECIDIVISM RATE 27.6% OBTAINED EMPLOYMENT 177</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>CRISIS TEAMS THE MOBILE CRISIS INTERVENTION TEAM (MCIT) CONDUCTS COORDINATED OUTREACH, INTERVENTIONS, ABATEMENTS AND HEALTH & SAFETY CHECKS THROUGHOUT ALL JURISDICTIONS AT THE DIRECTION OF CLARK COUNTY. THEY MAY ALSO RESPOND TO REQUESTS FROM OTHER AGENCIES TO INCLUDE, BUT NOT LIMITED TO, CMART, LAS VEGAS METRO POLICE DEPARTMENT (LVMPD), DEPARTMENT OF PUBLIC WORKS, SOUTHERN NEVADA HEALTH DISTRICT AND HELP OF SOUTHERN NEVADA. 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 AND ACCEPT REFERRALS TO HELP THEM TRANSITION TO PERMANENT SUSTAINABLE HOUSING. THESE SERVICES AND REFERRALS INCLUDE, BUT NOT LIMITED TO, CONDUCTING HOUSING ASSESSMENTS, CASE MANAGEMENT, SCHEDULING APPOINTMENTS AND IMMEDIATE NEEDS FOR SHELTER, MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. THESE SERVICES AND NOTES ARE PLACED INTO THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS), ALONG WITH DETAILED DOCUMENTATION SUBMITTED IN A DAILY ACTIVITY REPORT. MCIT CALL-OUT TEAM IS DESIGNED TO IMMEDIATELY RESPOND TO CRISIS INTERVENTION REQUESTS FROM CLARK COUNTY. THE TEAM PROVIDES AN OUTREACH REQUEST REPORT FOR THESE REQUESTS THAT INCLUDE, BUT NOT LIMITED TO, NUMBER OF LIVING SPACES, NUMBER OF INDIVIDUALS, TYPE OF LOCATION (PUBLIC PARK, PRIVATE PROPERTY, TUNNEL/WASH, ETC.), ENVIRONMENTAL FACTORS AND HEALTH AND SAFETY ISSUES. MCIT PROACTIVE TEAM ROUTINELY MONITORS AND ASSISTS LARGE ENCAMPMENTS WITH TEN OR MORE INDIVIDUALS. THE TEAM WILL SOMETIMES PROVIDE AN OUTREACH REQUEST REPORT WHEN INITIALLY ENCOUNTERING THESE AREAS. MCIT PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) PROGRAM SERVES THE SEVERELY MENTALLY ILL CLIENTS AND THOSE DEALING WITH PROLONGED SUBSTANCE ABUSE ISSUES. THESE CLIENTS ARE CONNECTED WITH SERVICES TO STABILIZE THEIR MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE IN ORDER TO ADDRESS OTHER BARRIERS THAT HAVE LED TO THEIR HOMELESSNESS. MCIT LINKAGE, INTERVENTION, NAVIGATION, AND KNOWLEDGE (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 HMIS COMMUNITY QUEUE. THE CITY OF LAS VEGAS MULTI-AGENCY OUTREACH RESOURCE ENGAGEMENT PROJECT (MORE) TEAM IS A LED BY OFFICERS FROM THE LVMPD, 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 AND ACCEPT REFERRALS. IN 2020, MCIT TEAMS ENTERED OVER 400 TUNNELS TO PROVIDE SERVICES ALONG WITH WARNING INDIVIDUALS REGARDING THE POSSIBILITY AND DANGERS OF FLOODING. MCIT TEAMS HAVE ALSO RESPONDED TO NEARLY 500 OUTREACH REQUESTS FROM LVMPD, CLARK COUNTY SOCIAL SERVICES, CLARK COUNTY DEPARTMENT OF PUBLIC WORKS, CLARK COUNTY/CITY OF LAS VEGAS PARKS AND RECREATION, AND CLARK COUNTY AND CITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>OF LAS VEGAS OFFICIALS. NUMBER OF OUTREACHES CONDUCTED 2019/2020 1. PATH 933 2. MCIT 3664 NUMBER OF INDIVIDUALS CONTACTED AND OFFERED SERVICES 2019/2020 1. PATH - 1584 2. MCIT - 83 43 NUMBER OF HOUSING ASSESSMENTS AND REFERRALS TO THE QUEUE 2019/2020 1. PATH - 202 2. MCI T -978 NUMBER OF CLARITY CARDS ISSUED TO CLIENTS IN THE FIELD 2019/2020 1. PATH - 10 2. MC IT - 200 -NUMBER OF REFERRALS TO INDIVIDUALS FOR MENTAL HEALTH EVALUATION/SERVICES 2019/20 20 1. PATH - 163 2. MCIT - 1319 COMMUNITY OUTREACH HELP HOLIDAY PROGRAMS CONSIST OF THANKS GIVING ASSISTANCE, HOLIDAY TOY ASSISTANCE, AND ADOPT-A-FAMILY. CLIENTS RECEIVING THANKSGIV ING ASSISTANCE RECEIVE A FROZEN TURKEY AND GROCERIES TO PREPARE A TRADITIONAL THANKSGIVING MEAL, INCLUDING MASHED POTATOES, STUFFING, CRANBERRIES AND MORE. IN FISCAL YEAR 2019 - 20 20, 753 FAMILIES RECEIVED THANKSGIVING ASSISTANCE FROM HELP OF SOUTHERN NEVADA. HOLIDAY TO Y ASSISTANCE ALLOWS NEEDY SOUTHERN NEVADA FAMILIES TO RECEIVE HOLIDAY TOYS FOR THEIR ELIGI BLE CHILDREN DIRECTLY THROUGH HELP WHO, WITHOUT THIS ASSISTANCE, WOULD OTHERWISE DO WITHOU T. IN FISCAL YEAR 2019 - 2020, 1,535 FAMILIES, REPRESENTING 3,503 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 PREFERE NCES AND THESE ITEMS ARE PROVIDED TO THE PRE- QUALIFIED FAMILY ANONYMOUSLY. IN FISCAL YEAR 2019 - 2020, 279 FAMILIES, REPRESENTING 794 CHILDREN, WERE "ADOPTED" FOR THE HOLIDAYS THR OUGH HELP OF SOUTHERN NEVADA. IN FISCAL YEAR 2019 - 2020, 93 AGENCIES IN SOUTHERN NEVADA W ERE 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, LEA DERSHIP 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 W EEK- LONG WORKSHOPS TO SHARPEN JOB SEEKING SKILLS, AS WELL AS HELPING WITH JOB REFERRALS A ND PLACEMENT. IN 2019/2020, HELP SERVED 100 ADULTS WHO HAD RECENTLY LOST HIS OR HER PRIMAR Y SOURCE OF INCOME DUE TO JOB LAY-OFFS, DIVORCE, DEATH, OR DISABILITY. HELP'S WIOA YOUTH P ROGRAM PROVIDED EMPLOYMENT & TRAINING ACTIVITIES TO 307 LOW INCOME, AT-RISK YOUTH, AGES 14 -24 IN CLARK COUNTY AND UNINCORPORATED AREAS OF MESQUITE WITH LONG TERM OUTCOMES SUCH AS: BASIC EDUCATIONAL AND EMPLOYM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>ENT SKILLS, COMPLETION OF ACADEMIC CERTIFICATES (INCLUDING HIGH SCHOOL DIPLOMAS AND EQUIVALENTS) AND PLACEMENT IN EMPLOYMENT, POST-SECONDARY EDUCATION AND/OR TRAINING. IN 2019/2020, HELP ASSISTED 66 JOB SEEKERS IN THE COMMUNITY WITH JOB SUPPORT, JOB REFERRALS, ETC. AS A RESULT OF COVID 19. HELP'S W.O.R.C DEPARTMENT SERVED 473 CLIENTS IN PY 2019/2020. 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 2019/2020, FHW HAS 165 REGISTERED MEMBERS AND HAVE CUMULATIVELY SAVED MEMBER ORGANIZATIONS IN EXCESS OF 1.7 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, HOUSING OF PEOPLE WITH AIDS TENANT BASED RENTAL ASSISTANCE, RAPID RE-HOUSING, HOMELESS PREVENTION, AND RYAN WHITE PART A SERVICES. DURING FISCAL YEAR 2019 - 2020, ERS PROVIDED THE FOLLOWING SERVICES: - 238 HOUSEHOLDS RECEIVED UTILITY ASSISTANCE THROUGH ENERGY SHARE - 247 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE, AVOIDING HOMELESSNESS - 93 HOUSEHOLDS RECEIVED UTILITY ASSISTANCE - 109 HOUSEHOLDS RECEIVED RAPID REHOUSING SERVICES - 36 HOUSEHOLDS ENROLLED IN HOPWA TENANT BASED RENTAL ASSISTANCE - 7 HOMELESS PREVENTION 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 2019-2020 FISCAL YEAR, APPROXIMATELY 1,300 PREGNANT OR PARENTING WOMEN, MEN AND THEIR BABIES RECEIVED ASSISTANCE. SOME SERVICES PROVIDED BY BFS INCLUDE, BUT ARE NOT LIMITED TO, CASE MANAGEMENT SUPPORT, SMARTSHOP HEALTHY HABITS CLASSES, SAFE SLEEP FOR YOUR BABY AND PACK N PLAY, INFANT CAR SEAT SAFETY, 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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON INVENTORY DISPOSAL 1,126 LOSS ON INVENTORY DISPOSAL -1,126

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1)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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	111,948	CASH

Part VII **Supplemental Information**

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

Return Reference	Explanation