Board of Directors Bob Hutton, Chair

Columbia Housing Authority 201 Switzler Street Columbia, MO 65203

CHALIS

CHA Low-Income Services

Robin Wenneker, Vice-Chair John French Max Lewis Rigel Oliveri

Executive Director

Office: 573.443.2556 TTY Relay 800.735.2966 Fax: 573.443.0051 www.ColumbiaHA.com

Phil Steinhaus

Board of Directors Meeting Agenda

Date: Tuesday, December 4, 2018

Time: 6:30 p.m. *

Place: CHA Administration Building, 201 Switzler Street

* The meeting will begin immediately following the adjournment of the meeting of the Columbia Housing Authority Board of Commissioners which begins at 5:30 p.m.

- I. Call to Order
- II. Roll Call
- III. Approval of Agenda
- IV. Approval of August 21, 2018 Meeting Minutes
- V. **Resolution 104:** To Review and Approve the IRS 990 Form Submission for FY2017 (January December) and the IRS 990 Form Submission for 2016 (October December).
- VI. Adjournment

If you wish to participate in the meeting and require specific accommodations or services related to disability, please contact Ms. LaShonda Eniade, Executive Assistant at (573) 443-2556, extension 1122, or TTY Relay at 800-735-2966 at least one working day prior to the meeting.

Media Contact: Phil Steinhaus, Executive Director Phone: (573) 443-2556

E-mail: columbiaha.info@gmail.com

A complete agenda packet is available for review at all CHA offices during regular business hours and posted on the CHA web site at: www.ColumbiaHA.com.



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Bob Hutton, Chair Robin Wenneker, Vice-Chair John French Max Lewis Rigel Oliveri

> EXECUTIVE DIRECTOR Phil Steinhaus

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CHA Low-Income Services, Inc. Board of Directors Meeting

August 21, 2018 Open Meeting Minutes

I. Call to Order:

The Board of Directors of CHA Low-Income Services, Inc. (CHALIS) met in open session on March 20, 2018, at the Columbia Housing Authority Administration Building at 201 Switzler St., Columbia, Missouri 65203. Bob Hutton, Chair, called the meeting to order.

II. Roll Call:

Mr. Steinhaus called the roll:

- Present: Bob Hutton, Chair Robin Wenneker, Vice Chair Max Lewis, Board Member John French, Board Member Rigel Oliveri, Board Memeber
- CHALIS Staff: Phil Steinhaus, CEO LaShonda Wallace, Executive Assistant Becky Markt, Director of Resident Services

III. Adoption of Agenda:

Mr. Hutton called for a motion to adopt the agenda as presented. A motion was made by Ms. Wenneker. Second by Mr. Lewis. All Board Members voted "aye" and Mr. Hutton declared the agenda adopted as presented.

IV. Approval of March 20, 2018 CHA-Low Income Services Regular Meeting Minutes

Mr. Hutton called for a motion to approve the March 20, 2018, regular meeting minutes as presented. A motion was made by Mr. French. Second by Mr. Lewis. All Board Members voted "aye" and Mr. Hutton declared the minutes adopted as presented.

V. **Resolution 103:** To Authorize the Submission of a FY2019 Social Services Funding Application to the City of Columbia, Missouri to Support the Money Smart Financial Literacy Program and the Independent Living Program; and authorize the Execution of the Contract Award Agreement and Implementation of Each Program as Described in the Social Services Funding Application.

Mr. Steinhaus explained that this resolution would approve two applications to the City of Columbia to support the Money Smart program and the Independent Living program. He noted that both these programs have received support from the City of Columbia in the past and that CHALIS is requesting level funding for both programs.

Mr. Hutton asked if there were any questions from Commissioners and there were not.

Mr. Hutton called for a motion to approve Resolution 103 as presented. A motion was made by Ms. Wenneker. Second made by Mr. French. Upon a roll call vote of the motion, the following vote was recorded:

Yes: Lewis, Wenneker, French, Hutton, Oliveri

No: None

VI. Adjournment

Mr. Hutton called for a motion to adjourn the meeting. A motion was made by Mr. French. Second by Mr. Lewis. Mr. Hutton declared the meeting adjourned at 8:30 PM.

Bob Hutton, Chair	Date
Phil Steinhaus, Executive Director	Date

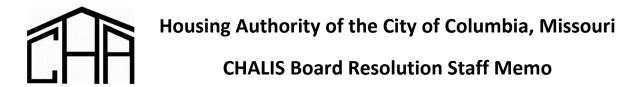
Certification of Public Notice

I, Phil Steinhaus, Executive Director of CHA Low-Income Services, do hereby certify that on August 17, 2018, I posted public notice of the August 21, 2018, Board of Directors Meeting and distributed copies of the notice and agenda to the Board of Directors and the local media. The meeting notice and agenda was also distributed to the public upon request.

The complete agenda packet was available for review at all CHA offices during regular business hours and posted on the CHA web site at: <u>www.ColumbiaHA.com</u>.

Phil Steinhaus, Executive Director

Date



- To: CHALIS Board of Directors
- From: Phil Steinhaus, Executive Director
- Date: December 4, 2018
- RE: **Resolution 104:** To Review and Approve the IRS 990 Form Submission for FYE2017 (January December) and the IRS 990 Form Submission for 2016 (October December).

CHA Low-Income Services, Inc., as a 501(c)3 non-profit corporation, is required to file a 990 Form with the Internal Revenue Service (IRS) on an annual basis. As part of the filing process the form asks if the Board of Directors has reviewed the 990 Form to be submitted.

In FYE 2017, CHALIS transitioned its fiscal year from October – September to a calendar year, January – December. In order to affect this transition, the fiscal year was extended to 15 months. As a result a 990 Form has to be submitted for the last three months of 2016 as well as the calendar year 2017.

Enclosed for your review are the two 990 Forms that were submitted for CHALIS for FYE2017 as well as the last three months of 2016.

Executive Director Recommendation: Adopt Resolution 104 acknowledging that the Board of Directors has reviewed and approved the IRS 990 Form submission for FYE2017 (January – December) and the IRS 990 Form submission for 2016 (October – December).

CHALIS

CHA Low-Income Services, Inc.

RESOLUTION #104

To Review and Approve the IRS 990 Form Submission for FY2017 (January – December) and the IRS 990 Form Submission for 2016 (October – December).

WHEREAS, CHA Low-Income Services, Inc., as a 501(c)3 non-profit corporation, is required to file a 990 Form with the Internal Revenue Service (IRS) on an annual basis, and

WHEREAS, As part of the filing process the form asks if the Board of Directors has reviewed the 990 Form to be submitted, and

WHEREAS, In FYE 2017, , CHA Low-Income Services, Inc. transitioned its fiscal year from October – September to a calendar year, January – December, and

WHEREAS, In order to affect this transition, the fiscal year was extended to 15 months, and

WHEREAS, As a result a 990 Form has to be submitted for the last three months of 2016 as well as the calendar year 2017.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of CHA Low-Income Services, Inc. hereby adopts Resolution #104 acknowledging that it has reviewed and approved the IRS 990 form submission for the Columbia Community Housing Trust for FY2017 (January – December) and the IRS 990 Form Submission for 2016 (October – December) as attached hereto and made a part hereof.

Bob Hutton, Chair

Phil Steinhaus, Secretary

Adopted December 4, 2018

Form	990
Form	000

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.

Α	For the	e 2017 calendar year, or tax year beginning , 2017, a	nd ending		···· · ·	, 20	
в	Check i	if applicable: C Name of organization CHA Low-Income Services, Inc.		D	Employ	er identification n	umber
	Address	s change Doing business as				77-0601167	
	Name c	hange . Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telepho	ne number	
	Initial re					(573) 443-2556	
	Final retu	urn/terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return Columbia, MO 65203		· · ·		eceipts \$	889,308
	Applicat	tion pending F Name and address of principal officer:				subordinates? 🔲 Yes	_
		Phil Steinhaus 201 Switzler Street Columbia, MO 65203				s included? 🛄 Yes	
<u> </u>	Tax-exe	empt status: 🗹 501(c)(3) 🔲 501(c) () ◄ (insert no.) 🗌 4947(a)(1) or	527	If "No,"	' attach a	a list. (see instructio	ns)
<u>J</u>	Website			H(c) Group ex			
		organization: ✓ Corporation Trust Association Other ► L Year	of formation	2002	M State	of legal domicile:	<u>MO</u>
P	artl	Summary					
	1	Briefly describe the organization's mission or most significant activities:					
Governance		and referral services designed to help children succeed in school and in life;	to suppor	t families wo	orking t	oward self suffice	ciency;
'nai		and to enable seniors and persons with disabilities to live independently.					
ver	2	Check this box ► if the organization discontinued its operations or dis				its net assets.	_
ő	3		• • • • •		3		5
Activities &	4	Number of independent voting members of the governing body (Part VI,			4 5		5
itie	5	Total number of individuals employed in calendar year 2017 (Part V, line		6		0	
ctiv	6	Total number of volunteers (estimate if necessary)				····	
×	7a				7a 7b		0
	b	Net unrelated business taxable income from Form 990-T, line 34	····	Prior Year		Current Ye	0
		Questile stiene and execute (Dest)/III line 1b)					
ue	8	Contributions and grants (Part VIII, line 1h)			38,226		37,558
Revenue	9	Program service revenue (Part VIII, line 2g)		<u></u>	<u>37,461</u> 111		<u>851,186</u> 564
Вe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .					0
	11	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line			75,798		889,308
	12 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			10,100		003,300
	13	Benefits paid to or for members (Part IX, column (A), line 4)		,			_ _
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5			08,530		517,945
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			00,000		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	1912				N.
ы	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			57,463		430,069
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1	65,993		948,014
	19	Revenue less expenses. Subtract line 18 from line 12			9.805		(58,706)
۲ <u>8</u>			Beg	inning of Curre		End of Ye	
lanci	20	Total assets (Part X, line 16)			802,484		855,085
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			44,008		955,315
Fund	22	Net assets or fund balances. Subtract line 21 from line 20	🗆	(41,524)		(100,230)

Signature Block Part II

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. 1.0

Sign Here	Signature of officer	in hours us Executive Dir	Da RCTOT			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed		
Preparer Use Only	Firm's name	Firm	Firm's EIN 🕨			
-	Firm's address >	<u> </u>	Phone no.			
May the IRS	discuss this return with the pr	eparer shown above? (see instruct	ions)	Yes 🗌 No		
E	de Deduction Act Nation, oan the	opporate instructions	Cat No. 11282V	Form 990 (2017		

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

2017

Open to Public

Inspection

Form 99	CHA Low-Income Services, Inc.		77-0601167	Page 2
Part		ishments		
pank kada pank a na kao kao kao kao	Check if Schedule O contains a response	or note to any line in this Part III	. <u> </u>	<u>. []</u>
í	Briefly describe the organization's mission:			
	To provide programming activities and resources and support families working toward self sufficiency; and	d referral services designed to help ch to enable seniors and persons with c	ildren succeed in school and in life; lisabilities to live independently.	to
2	Did the organization undertake any significant pro prior Form 990 or 990-EZ?		h were not listed on the	⊿ No
3	If "Yes," describe these new services on Schedule Did the organization cease conducting, or mak services?	e significant changes in how it o	conducts, any program	∕] No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accorexpenses. Section 501(c)(3) and 501(c)(4) organiz the total expenses, and revenue, if any, for each p	ations are required to report the an	argest program services, as measu sount of grants and allocations to	ired by others,
4a	(Code:) (Expenses \$ 876,657 ir	ncluding grants of \$) (Revenue \$ 851,750)
		n grades K-8, positive youth developm on programming and events, plus con and practices to support positive you	ent programming for high-school ag munity-wide capacity-building activi h development. These activities ser	ties ve
4b	(Code:) (Expenses \$ir)
4c	(Code:) (Expenses \$ir	ncluding grants of \$) (Revenue \$)
40				
		·		
 4d	Other program services (Describe in Schedule O.)			
τu	(Expenses \$ including grants of \$) (Revenue \$)	 -
4e	Total program service expenses >	876,657		0.0047

Form 990 (2017)

CHA Low-Income Services, Inc.

Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	✓	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9	1	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.		re es ve Vizioù i	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e 11f		✓ ✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
14 a 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
		For	m 990	(2017)

Form 990 (2017) CHA Low-Income Services, Inc.

77-0601167

20.g. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Ves Ne Ves Ves <t< th=""><th>Part</th><th>Checklist of Required Schedules (continued)</th><th></th><th></th><th></th></t<>	Part	Checklist of Required Schedules (continued)			
b H*Yest for line 20c, doi the organization attach a copy of its sudiced inancial statements to this return? 200 D Dist the organization record more than 55,000 of grains or other assistance to any domesicie organization or other assistance to or for domesic individuis on part X, nothern softmark of the assistance to or for domesic individuis or part X, nothern softmark of the assistance to or for domesic individuis or organization records at tax-exempt bond issue with an outstanding principal amount of more than 500,000 or grains or nother assistance to or for domesic individuis or part X, nothern S, nother				Yes	
 21 Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or domestic organization or part IX, column (A), line 17 "Ves," complete Schedule I, Parts I and II 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Parts I and II 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer and yor the section of the s	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
domestic government on Part IX, column (A), line 11 /r Yres," complete Schedule I, Parts I and II 21 ✓ 22 Did the organization report more than SX 000 of grants or tother assistance to or for domestic individuals on organization acurent and formor offices, directors, trustees, key employees, and highest compensation of the organization acurent and formor offices, directors, trustees, key employees, and highest compensation of the ast day of the year, that was issued after December 31, 2002 II, "Fes," camplete Schedule I, "No," go to Ime 25a 24 24 Did the organization have a tax-event bond's secure at the 25a 24a 24 25 Did the organization have a tax-event bond's beyond a temporary period exception? 24a 26 Did the organization acurent and the 70s grant and the 25a 24a 26 Did the organization acurent and soft(c)(29) organization acure as an "on behalf of lissuer for bond's outstanding at any time during the year? 24a 27 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization acure at an 'on behalf of lissuer for bond's outstanding at any time during the year? 25a 26 Ji the organization acure that it engaged in an access benefit transaction with a discualified person in a prior year and that the transaction with an else use and the organization acure to former officer, director, trustee, or propiete Schedule L, Part II 27 Ji the organization acure to former officer, director, trustee, oreapates ton apation acure to former officer, director, t	ΰ		20b		
 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part BK, column (A), line 21 M*Ys," complete Schedule I, Ant II. 23 Did the organization answer "Yss" to Part VII, Section A, line 2, 4, or 5 about compensation of the organization answer "Yss" to Part VII, Section A, line 2, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 es of the list day of the year, that was issued after Desember 37, 20027 If "Yes," answer lines 244 through 244 and complete Schedule K. II "No," go to line 25a b) Did the organization materia my proceeds of tax-exempt bonds beyond a temporary parted exception? c) Did the organization materia me sercew account other than a refunding escrew at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization instein an escrew account other than a refunding at any time during the year? 25b V 25c Bection 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization reme 980 or 992-72 25b V 25c Did 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 reme 980 or 992-102 25b V 25c Did the organization approximations. Did ther organization remession in a prior year, and that the transaction has not been reported on any of the organization remem 980 or 992-102 25c J 26c J 27c J 27c V 28d Did the organization approximations prior forms 980 or 992-102 26c J 27c J 28d Did the organization approximation approximation approximation approximation applicable fing thresholds, conflictors, and exceptions? 28d A 29d Did the organization applicable fing thresholds, conflictors, and exceptio	21				
 Part IX, conturn (A), line 27 If "Yes," complete Schedule I, Parts I and III 21 Did the organization assure "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization assure "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization have a tax-exempt bond issue with an outstanding principal enount of more than \$100,000 es of the last day of the year, that was issued after December 31, 2002 If "Yes," answer line 24b through 24d and complete Schedule I. "Yes," complete Schedule I, "Yes," assure time 24b through 24d and complete Schedule I. "Yes," complete Schedule I. Part I. 25a Section 501(6)(3), 601(6)(4), and 501(6)(22) organization and the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(6)(3), 601(6)(4), and 501(6)(22) organizations. Did the organization regage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 25a Jult the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction near 0 theor again as the schedule I. Part I. 25b Jult the organization apprort any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, turstees, key employees, in an excess to any current or former officers, directors, directors, complete Schedule I. Part I. 27 Jult the organization apprort any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or other section 2001 (2001)		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\checkmark
23 Did the organization a surver "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 componsated employees? If "res," complete Schedule J. 23 ✓ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the issue day of the year, that was isoued after December 31, 2002? If "res," answer lines 24 24 ✓ 24b Did the organization watestany proceeds of tax-exempt bonds beyond a temporary period exception? 246 ✓ 25c Bott he organization watestany proceeds of tax-exempt bonds beyond a temporary period exception? 246 ✓ 25c Bott he organization aver that if engaged in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I 256 ✓ 25c Did the organization aver that if engaged in an excess benefit transaction with a disqualified person of any of the organization any of the organization aver that the transaction has not ber reported on any of the organization aver that the transaction has not ber reported on any of the organization aver that the transaction has not ber reported on any of the organization aver that the transaction has not ber reported on any of the organization aver that the transaction has not ber reported on any of the organization aver that the transaction has not ber reported on any of the organization aver that the transaction has not ber reported as ong the sector. trustee, any employees, highest componess for more thany 27. 26 <td>22</td> <td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td> <td></td> <td></td> <td></td>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. ("Wo," got south at the procession of the last day of the year, that was isoued after December 31, 2002? If "Yes," answer these 240 through 24 and complete Schedule I. ("Wo," got solt the 25 and 14." Wo," got solt the 25 and 14." Wo," got solt the 25 and 14." Wo," got solt the 25 and 24. 24a Did the organization maintain an accrosing on the solution of the year, that was isoued after December 31, 2002? If "Yes," answer these 240 through 24 and complete Schedule I. ("Wo," got solt the 25 and 24." Add 14. 25a Did the organization average that it engages to account other than a refunding escrow at any time during the year? to defease any tax-exempt bonds? 24a 25a Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization average 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 average in an excess benefit transaction with a disqualified person 21. If "Yes," complete Schedule L, Part I 25a ✓ 26 Did the organization average in an excess benefit transaction with one of the ofform of paryables to any current of former officer, director, trustee, key employee, or disqualified persons? If "Yes," complete Schedule L, Part II 25a ✓ 27 V Was the organization average in an excess benefit transaction with one of the following parties (see Schedule L, Part II 27 ✓ 28 V Yes," complete Schedule L, Part II		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		4
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 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV	27	, , ,			
 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M, Part I . C Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If "Yes," complete Schedule N, Part I . C Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . C Did the organization evaluation to evaluation the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 . M as the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . Section 501(c)(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . <l< td=""><td></td><td></td><td>27</td><td></td><td>√</td></l<>			27		√
 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of at ", historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II, or IV, and Part V, line 1 Sections 501.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part V, line 2 Section 501(C)(3) organization. Solid the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Bid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 	28				173,58
 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 28b 28b 28b 28c 29 20 20 20 21 210 211 221 222 223 224 225 226 226 226 227 228 229 220 220 221 220 221 221 221 222 230 230 230 241 251 251<					
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? b If "Yes" to line 35a, did the organization solid the organization solid the organization solid the organization? If "Yes," complete Schedule R, Part V, line 2 35b Solid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and 36 A 	а				1
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 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>			34		√
 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>	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	b				
 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>			35b		
related organization? If "Yes," complete Schedule R, Part V, line 2 36 ✓ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 ✓ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36		i		
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Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		1
	38				
			38	1	

Form 990 (2017)

Form 99	CHA Low-Income Services, Inc.	77-0601167		F	-age 5
Part	0(2017)				
Tarc	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 0		- N-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. 1b 0			
с	Did the organization comply with backup withholding rules for reportable payn	nents to vendors and	1	an anna a	
	reportable gaming (gambling) winnings to prize winners?		1c	\checkmark	
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 re-	eturn 2a 0	~		
þ	If at least one is reported on line 2a, did the organization file all required federal employ	yment tax returns? .	<u>2b</u>		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (s	ee instructions)	20		\checkmark
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	ne year ?	3a 3b	· •	¥
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation At any time during the calendar year, did the organization have an interest in, or a sign	ature or other authority	00		
4a	over, a financial account in a foreign country (such as a bank account, securities acc	ount, or other financial			
	account)?		4a		✓
Ь	If "Yes," enter the name of the foreign country:		65421	1. 1. 1.	
b	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax	shelter transaction?	5b		✓
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6 a	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 contrib	utions?	<u>6a</u>		✓
b	If "Yes," did the organization include with every solicitation an express statement that	t such contributions or	C L		
	gifts were not tax deductible?		6b		- 18 A.
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution	n and partly for goods			15.16.44
а	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	vided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal pro	perty for which it was			
-	required to file Form 8282?		7c		\checkmark
d	If "Yes," indicate the number of Forms 8282 filed during the year	. 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a per	sonal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	al benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization fil	le Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised		530	····•	
_	sponsoring organization have excess business holdings at any time during the year? .		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? .	1	9a	مناغد شباه	- th 1 - 1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or relat	ed person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		51995 - S		
a	Initiation fees and capital contributions included on Part VIII, line 12	. 10a		n lite an sa Air	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	. 10b			Чара
11	Section 501(c)(12) organizations. Enter:				13 192
а	Gross income from members or shareholders	. 11a	्य २२२२		1
b	Gross income from other sources (Do not net amounts due or paid to other so		(일 (의) (종)		a de la composición d Composición de la composición de la comp
	against amounts due or received from them.)	· 11b			1.00
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	In lieu of Form 1041?	12a	रत प्रश	
	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.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on S	chedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in v	vhich			
5	the organization is licensed to issue qualified health plans	· 13b			
с	Enter the amount of reserves on hand	· 13c		·	
14a	Did the organization receive any payments for indoor tanning services during the tax y	ear?	14a		\checkmark
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanat	ion in Schedule O	14b		1

Form 99	10 (2017) CHA Low-Income Services, Inc.	01167			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	See ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u> </u>	
Secti	on A. Governing Body and Management			1400	l N.
				Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 5			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	under the direct er person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organizati Did the organization have members or stockholders?	on's assets? .	4 5 6 7a		\checkmark
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7e 7b		↓
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken during			
а	The governing body?		82	1	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	ot be reached at	d8 9	✓	
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	ue C	ode.)	L
				Yes	No
10а b	Did the organization have local chapters, branches, or affiliates?		10a 10b		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a		\checkmark
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	<i></i>	12a 12b		• • •
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done .	policy? If "Yes,"	12c		1
13	Did the organization have a written whistleblower policy?		13	✓	<u> </u>
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?	14		
a b	The organization's CEO, Executive Director, or top management official		15a 15b		√ √
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	n to evaluate its to safeguard the	16b		
	on C. Disclosure			<u>.</u> .	
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of int	erest	policy	/, and

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► Columbia Housing Authority 201 Switzler Street Columbia, MO 65203 (573) 443-2556 Form 990 (2017) CHA Low-Income Services, Inc.

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)			ţ		
(A) Name and Title	(B) Average hours per	box, i	unles	ieck s pe	rson	e than c is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Genie Rogers, President	0.00	1						0.00	0.00	0.00
(2) Bob Hutton, Vice President	0.00	~						0.00	0.00	0.00
(3) Max Lewis, Treasurer	0.00	✓						0.00	0.00	0.00
(4) John French	0.00	1						0.00	0.00	0.00
(5) Robin Wenneker, Secretary	0.00	1						0.00	0.00	0.00
(6) Phil Steinhaus, Executive Director	0.00			1				0.00	0.00	0.00
(7)										
(8)										
(9)										
(10)										
(11)			_							
(12)										
(13)										
(14)										

Form 990 (2017)

77-0601167	
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CHA Low-Income Services, Inc.

	90 (2017)									-		Page 8		
Par	VIE Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees	(continu	ed)		
	(A) Name and title	(B) Average hours per week (iist any	box,	unles	Pos neck s pe d a.d	erson	e than c is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportati compensatio related	in from	(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		organizatio tion (W-2/1099-M		compensation from the organization and related organizations
(15)														
(16)						-								
(17)														
(18)			 						 					
(19)				-					· · · ·					
(20)														
(21)			 											
(22)														
(23)														
(24)														
(25)														
	Sub-total	<u> </u>				L		 A				<u> </u>		
С	Total from continuation sheets to Parl			•		• •	•			· ·· · ···				
d 2	Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organ					ted	above	•) w	ho received mo	ore than \$1	0.00 00,000	0.00 of		
3	Did the organization list any former or employee on line 1a? If "Yes," complete							mp	loyee, or high	est compe	ensated			
Ĝ	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	portal	ble (com	npei	nsatio	na s,"	nd other comp complete Sch	ensation fr edule J fo	rom the or such	$\begin{array}{ c c c } 3 & \checkmark \\ \hline & & & \\ 4 & \checkmark \\ \end{array}$		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," c	ompei compl	nsat e <i>te</i>	tion Sch	froi iedu	m any ile J fe	un or s	related organiz	ation or in				
Section	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·					
4	Complete this table for your five highest compensation from the organization. Re year.													
· · · ·	(A) Name and business add	dress							(B) Description of s	ervices	((C) Compensation		
<u>Big Br</u>	others Big Sisters of Central Missouri							you	ith program ser	vices		117,960		
	. Broadway Suite 1067 Columbia, MO 65201													

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1 2

Form	200 /201	CHA Low-Income Services, Inc.		7	7-0601167	Page 9
	990 (201					
Par	t VIII	Statement of Revenue	a any lina in this	n Doct VIII		
		Check if Schedule O contains a response or note to	o any line in this			(D)
			(A) Total revenue	(B) Related or	(C) Unrelated	Revenue
	1			exempt function	business revenue	excluded from tax under sections
	T 20 Martin			revenue		512-514
2 2	1a	Federated campaigns 1a			-	
Grants nounts	b	Membership dues 1b				
ភ្ន				2015 N		
A, A	C C					
Gifts, İlar An	d	Related organizations 1d	4-4) 		a start and a start and a	
in s	e	Government grants (contributions) 1e				
: : : : : : : : : : : : : : : : : : :	f	All other contributions, gifts, grants,	u tur Matematika		and the second secon	
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f 37,558				C. A. Market
Ξç	g	Noncash contributions included in lines 1a-1f: \$				
<u>n</u> S	ĥ	Total. Add lines 1a-1f	37,558		an a	and a state of the
		Business Code	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	and the second sec		
nu	20	Dwelling rent	25,800	25,800		ο το
eve	2a	Dwelling rent				0
в	b	Grant income	820,343			
ŝ	c	Other income	5,043	5,043	0	0
Ser	d			·		
E	e					
Program Service Revenue	f	All other program service revenue .				
Å	g	Total. Add lines 2a-2f	851,186			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	564	564	0	00
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	<u> </u>			
		(i) Real (ii) Personal				
	60	Gross rents				
	6a					
	b	Less: rental expenses				
	C	Rental income or (loss)				A STATE OF A
	b	Net rental income or (loss)	Parate -	No. 7 Contractor	100 Sectores and	1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	7a	Gross amount from sales of (i) Securities (ii) Other	The second second		-State State	
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	c	Gain or (loss)				
	d	Net gain or (loss)	And the second second	the second state of the second se	الكفيا والمتناقية المتعادين والمراجع والمراجع	hain, a successioning into a distanting the
	u		No. 10 Contraction of the second s			
Ð	0.0	Gross income from fundraising	م من المراجع ا مراجع المراجع ال	100		
л Ц	oa				Carlo de la	
Š		events (not including \$		1.500 (1997) 1.500 (1997) 1.500 (1997) 1.500 (1997)		
щ		of contributions reported on line 1c).				300
Other Revenue		See Part IV, line 18 a				
ਨੋ	b	Less: direct expenses b		and a state of the second		and the second
•	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.	مرین مرکز میکند میکند. مرکز میکند میکند از میکند.			
		See Part IV, line 19 a				
	b	Less: direct expenses b			a kawa ka	
	c	Net income or (loss) from gaming activities	, Columnia da Carto de			
	10a	Gross sales of inventory, less		and the second sec	الم ال	
		returns and allowances a				
	.					
	b	Less: cost of goods sold b	l finan statististististististististististististist		ta de la companya de	- Andreas
		Net income or (loss) from sales of inventory			 	
		Miscellaneous Revenue Business Code		a second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11a					
	b					· · · · · · · · · · · · · · · · · · ·
	c		<u> </u>			
	d	All other revenue				
	e	Total. Add lines 11a-11d			na ang ang ang ang ang ang ang ang ang a	
	12	Total revenue. See instructions.	889,308	851,750	C	00
						Form 990 (2017)

Form 990 (2017)

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

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and genoral 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			n an	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	389,522	363,581	25,941	
<u>^</u>		<u>14,198</u> 85,287	<u> </u>	<u>2,604</u> 4,966	0 0
9 10	Other employee benefits	28,938	27,117	4,988	
10 11	Fees for services (non-employees):				
a	Management	1,500	0	1,500	
b					
°,	Accounting	2,353	0	2,353	(
d	Lobbying		NA DE MARINA DA ANTA		
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
		4.040	0	0	1,912
12	Advertising and promotion	1,912			
13 14	Office expenses	5,415	4,806 10,941	3,268	
14 15	Royalties	14,209	10,941	3,200	
15 16		7,588	338	7,250	
17		23,174	21,982	1,192	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,174	21,302	1,132	
19	Conferences, conventions, and meetings	2,156	2,156	0	(
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	17,412	0	17,412	
23		529	0	529	C
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.)			244.2	
a	Tenant Services	314,999	314,999	0	0
b	Maintenance	9,162	9,162	0	· · · · · · · · · · · · · · · · · · ·
C	Admin expenses	20,382	20,382	0	0 0
d	Pass through purchases for Patriot Place	9,278	9,278	U	(
e os	All other expenses	948,014	876,657	69,445	1,912
25 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 ► [] if following SOP 98-2 (ASC 958-720)	948,014	575,007	25,443	Form 990 (2017

Form 990 (2017) CHA Low-Income Services, Inc.

Page 11

Part	C Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt X		
	Check in Schedule O contains a response of hote to any international	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	41,435	1	17,551
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	48,815	3	142,682
4	Accounts receivable, net	0	4	402
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
7	Inventories for sale or use		_8_	
9	Prepaid expenses and deferred charges	4,604	9	4,232
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 835,323			
ł	Less: accumulated depreciation 10b 145,105	707,630	10c	690,218
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	802,484	16	855,085
17	Accounts payable and accrued expenses	82,747		216,901
18	Grants payable	······································	18	
19	Deferred revenue	90,111	19	67,264
20	Tax-exempt bond liabilities		20	
20	Escrow or custodial account liability. Complete Part IV of Schedule D.	2,150	21	2,150
	Loans and other payables to current and former officers, directors,	2,100	- 55	
22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		 22	
23	Secured mortgages and notes payable to unrelated third parties	669.000	23	669,000
24	Unsecured notes and loans payable to unrelated third parties		24	· · · · ·
24	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	844,008	26	955,315
1	Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.			
27 28 29	Unrestricted net assets	(55,488)		(114,804)
27	Temporarily restricted net assets	13,964		14,574
28	Permanently restricted net assets	10,504	29	
29	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			2 2
	Capital stock or trust principal, or current funds	a a substantion of the second s	30	tal an
30	Paid-in or capital surplus, or land, building, or equipment fund	·····	31	
31	Retained earnings, endowment, accumulated income, or other funds .		32	
30 31 32 33		(41,524)		(100,230)
	Total net assets or fund balances			855,085
34	Total liabilities and net assets/fund balances	802,484	-04	Form 990 (2017

Form 990 (2017)

CHA Low-Income Services, Inc. Form 990 (2017)

Par	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	889,308
2	Total expenses (must equal Part IX, column (A), line 25)	2	948,014
3	Revenue less expenses. Subtract line 2 from line 1	3	(58,706)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	(41,524)
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	(100,230)

Part XII	Fina	an	cial	St	ate	men	its a	nc	F	Re	po	orl	tin	g		
	~ .			,		• •										

C-11 C	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
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.		er for de Breiter de	
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:	<u>2a</u>		- 15.1 - 15.1 - 16.1
	Separate basis Consolidated basis Both consolidated and separate basis	2b		2. 4. 27. 4. 27. 4.
b	Were the organization's financial statements audited by an independent accountant?	20		
с	☐ Separate basis	2c		
	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?	3a		√
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.	Зb		

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury

(C)

(D)

(E) Total

Internal	Revenue Service	► Go	to www.irs.gov/Fo	orm990 for instructions a	and the late	est inform	ation.	Inspection
Name	of the organization						Employer identification	
	Low-Income Serv	ices, Inc.			aamala	to this n		01167
Par				organizations must				115.
	rganization is n	ot a private founda	ation because it is	s: (For lines 1 through	i iz, uneu Ibadia ee	K Only Of	$(C_{1})(A)(C)$	
1				on of churches descri				
2	A school de	scribed in section	170(b)(1)(A)(ii). ((Attach Schedule E (F janization described i	n contion	01 990-E2	 \(A\(;;;)	
3 4	A medical re hospital's na	esearch organization ame, city, and stat	on operated in co e:	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	
	section 170	(b)(1)(A)(iv). (Com	plete Part II.)	college or university				al unit described in
6 7	🗸 An organiza	ate, or local gover tion that normally section 170(b)(1)	receives a subs	mental unit described tantial part of its sup te Part II.)	l in section port from	on 170(b) a govern	(1)(A)(v). nmental unit or from	the general public
8	🗌 A communit	y trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or university university:	or a non-land-gra	int college of agr	d in section 170(b)(1) iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
	receipts fron support fron acquired by	n activities related 1 gross investmen the organization a	to its exempt fun t income and uni Ifter June 30, 197	e than 33 ¹ /3% of its si nctions—subject to c related business taxal 75. See section 509 (a	ertain exc ble incom a)(2). (Cor	eptions, le (less se nplete Pa	and (2) no more tha action 511 tax) from art III.)	n 331/3% of its
11	An organizat	tion organized and	l operated exclus	sively to test for public	c safety. S	See sect i	on 509(a)(4).	
12	of one or m	ore publicly suppo	orted organizatio	ively for the benefit or ns described in secti scribes the type of sug	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	the supp	orted organization	n(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t	rted organization(s), he directors or trust	typically by giving ees of the
b	control o	r management of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C .	the same	with its s persons	upported organizati that control or man	on(s), by having age the supported
с	its suppo	orted organization	(s) (see instructio	ting organization oper ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	that is no requirem	ot functionally inter ent (see instructio	grated. The orga ns). You must c	pporting organization nization generally mus omplete Part IV, Sec	st satisfy : tions A a	a distribu and D, ar	ition requirement an Id Part V.	d an attentiveness
e	functiona	ally integrated, or	Type III non-func	a written determination tionally integrated sup	on from th oporting o	ne IRS the organizati	at it is a Type I, Type ion.	a II, Type III
f	Enter the num	ber of supported (organizations .					· · []
g	Provide the fo	lowing information	n about the supp	orted organization(s).	r			
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization Ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								

OMB No. 1545-0047

2017

Open to Public

Schedule A (Form 990 or 990-EZ) 2017

77-0601167

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II. (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 fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 Gifts. grants, contributions, and 4 membership fees received. (Do not include any "unusual grants.") . . . 169,077 857,901 4,592,930 998,310 1,457,825 1,109,817 levied 2 Tax revenues for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities З furnished by a governmental unit to the organization without charge 4.592.930 Total. Add lines 1 through 3. 1.109.817 169.077 857.901 4 998,310 1.457.825 5 The portion of total contributions by each person (other than а governmental unit or publicly a. 3 supported organization) included on line 1 that exceeds 2% of the amount 1. 1. 1. 1. shown on line 11, column (f) . 0 Public support. Subtract line 5 from line 4 4,592,930 6 Section B. Total Support (d) 2016 (a) 2017 (f) Total (a) 2013 (b) 2014 (c) 2015 Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 998,310 1,457,825 1,109.817 169,077 857,901 4,592,930 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 88 872 1,696 61 111 564 Net income from unrelated business 9 activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 法的法律 Total support. Add lines 7 through 10 11 4,594,626 Gross receipts from related activities, etc. (see instructions) 12 12 236,550 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) 13 ► Section C. Computation of Public Support Percentage <u>99.96</u> % Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 15 99,97 % 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this **1**6a box and stop here. The organization gualifies as a publicly supported organization 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 'n 17a 10%-facts-and-circumstances test-2017. 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 b 10%-facts-and-circumstances test-2016. 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 Schedule A (Form 990 or 990-EZ) 2017

Part	(Complete only if you checked th	ne box on lin	e 10 of Part I	or if the orgai	nization failed	to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed deid	ow, please co	implete Part		
	on A. Public Support	(1) 0010	(5) 0014	(a) 2015	(d) 2016	(e) 2017	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(4) 2010	(8) 2017	(1) 1012
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	: 	<u> </u>				
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>				
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		ļ				· · · · · · · · · · · · · · · · · · ·
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		l.				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>				· · · · · · · · · · · · · · · · · · ·
С	Add lines 7a and 7b	and the second states of the	Areas and a group of the	2. / Service#2016		THE MERICAN PROPERTY OF	
8	Public support. (Subtract line 7c from						
	line 6.)	1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -					_
	on B. Total Support				1.0.0010	() 0017	(0 Tabal
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	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.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L		<u> </u>			
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ► □
	organization, check this box and stop he				<u>.</u>		· · · ► 🗌
Secti	on C. Computation of Public Support	t Percentaç	je				0/
15	Public support percentage for 2017 (line						<u>%</u>
16	Public support percentage from 2016 Scl				<u></u>	16	%
	on D. Computation of Investment In	come Perce	entage		mp (fl)	17	%
17	Investment income percentage for 2017 (line 10C, colui	nn (r) aivided b	iy ine 13, colui	пп (I)) · · ·	19	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
18	Investment income percentage from 2016	Schedule A,	ran III, line 17	• • • • • •		18	
19a	$33^{1/3}$ % support tests – 2017. If the organ 17 is not more than $33^{1/3}$ %, check this box	ization did no	Check the bo	on qualifier ca	nu ine io is ti a publicivieuro	orted organizat	‰, anu iine ion . ► 🛄
	17 is not more than 331/3%, check this box	and stop nere		Una 14 anillas as a	a posiciy supp	Sie more then '	331∞% and
b	331/3% support tests - 2016. If the organiz line 18 is not more than 331/3%, check this	tation aid not (Sneck a box of	inte 14 Ut line	rea, anu inte 10 ras a publicivis	unnorted order	nization 🕨 🛄
	Private foundation. If the organization di						
20	Private toundation if the ordanization di	а посспеск а		, isa, ur 180, t		und doo maru	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part Vi.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No

Yes

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CHA Low-Income Services, Inc. Part IV Supporting Organizations (continued)

- 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? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 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? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the support organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

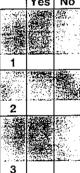
Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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	Yes	No
1.18	- North	64.5

Yes No

2



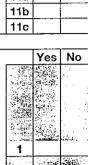
Yes No

2a

2b

3a

3b



Yes No 11a 11b 11c



77-0601167

PartV 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):	10000		
a Average monthly value of securities	1a	÷	
b Average monthly cash balances	<u>1b</u>	· · · · · · · · · · · · · · · · · · ·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	<u>1d</u>		Market Market Street
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	1	
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		
 Check here if the current year is the organization's first as a non-functional instructions). 	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Page	7
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Part Sect	Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	/ capporting cr.gui		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
-	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>	······	
	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·
	Other distributions (describe in Part VI). See instructions.			
6	Total annual distributions. Add lines 1 through 6.			
7	Distributions to attentive supported organizations to which	h the organization is re-	sponsive	
8	(provide details in Part VI). See instructions.	in the organization is rea	sponono	
	Distributable amount for 2017 from Section C, line 6	····-		
9				
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	and the second second		
2	Underdistributions, if any, for years prior to 2017			
_	(reasonable cause required – explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		and the second	
а				
b	From 2013			
	From 2014			
d	From 2015			
 e	From 2016			
f	Total of lines 3a through e			
 	Applied to underdistributions of prior years	L. ENTRY BARNES		
<u>9</u> _ h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	543 GM BRAD		University
	Distributions for 2017 from			
4	Section D, line 7: \$			
			A STREET AND A STREET	
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	1999 - ANGER - 		
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.		1 1 1 2W21 444 - 1	
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	an a		
a	Excess from 2013			
	Excess from 2014			
 C	Excess from 2015		$\begin{array}{c} \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \end{array} \right) \left(\begin{array}{c} 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \end{array} \right) \left(\begin{array}{c} 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 $	A Grand
	Excess from 2016			
<u> </u>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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PartVI	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.)									
Part II, Line	Part II, Lines 1 - 10 column (d) The FY2016 990 was a short-period return for the period 10/1/2016 through 12/31/2016 to reflect a change in									
	accounting period for the organization.									

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury internal Bevenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number 77-0601167

Name	of the	organization	

CHA Low-Income Services, Inc.

Organization	type	(check	one):
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Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See

General Rule

instructions.

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaled, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CHA Low-Income Services, Inc. Employer identification number

77-0601167

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. -Part I (c) (d) (b) (a)Type of contribution Total contributions No. Name, address, and ZIP + 4 $\overline{\checkmark}$ Person 1 Commerce Bank Pavroli \Box Noncash \square 6,438 901 E. Broadway (Complete Part II for noncash contributions.) Columbia, MO 65201 (d) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person \square ____ Payroll \Box Noncash \$ (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person _____ Payroll Noncash \square 2 (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll \square Noncash S (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person \Box Payroll Noncash \Box (Complete Part II for noncash contributions.) (d) (a)(b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroli \Box Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)		Page 3

Name of organization

Employer identification number 77-0601167

CHA Low-Income Services, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B ((Form 990, 990-EZ, or 990-PF) (2017)			Page 4		
Name of o	organization			Employer identification number		
CHA Low- Part III	(10) that total more than \$1,000 for	r the year from any o tions completing Par ne year. (Enter this inf	one contributor. It III, enter the tota formation once. S	77-0601167 lescribed in section 501(c)(7), (8), or Complete columns (a) through (e) and al of exclusively religious, charitable, etc., See instructions.) ▷ \$		
(a) No. from	(b) Purpose of gift			(d) Description of how gift is held		
Part I	(b) Purpose of grit	(c) Use of gift				
	Transferee's name, address, a	(e) Transfe nd ZIP + 4	-	onship of transferor to transferee		
(a) No. from	(b) Purpose of gift			(d) Description of how gift is held		
Part I						
	Transferee's name, address, a	(e) Transfo nd ZIP + 4	_	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
F						
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held		
		(e) Transfe	er of gift			
	Transferee's name, address, a			nship of transferor to transferee		
			• • • • • • •			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(Form 990) ► Complete if the or Part IV, line 6, 7, 8, 9,			al Financial Statements ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. 990 for instructions and the latest inform	OMB No. 1545-0047 2017 Open to Public Inspection	
Name o	f the organization			Employer id	entification number
	ow-Income Serv	ices, Inc.	to al Funda an Other Cimiler Fund	to or Acc	<u>77-0601167</u>
Par	Organ	izations Maintaining Donor Adv	rised Funds or Other Similar Fund "Yes" on Form 990, Part IV, line 6.	IS UF ACC	Jounts.
	Compi	ete il the organization answered	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number	at end of year			
2		ue of contributions to (during year)			
3	•••	ue of grants from (during year)			······································
4	Aggregate val	ue at end of year			
5	funds are the	organization's property, subject to th	advisors in writing that the assets he e organization's exclusive legal contro	[?	- · · 📋 Yes 🔄 No
6	only for charit	able purposes and not for the bene	and donor advisors in writing that gran fit of the donor or donor advisor, or fo	or any othe	er purpose
Parl	Conse	rvation Easements.			
	Compl	ete if the organization answered	"Yes" on Form 990, Part IV, line 7.		······································
1	Preservation Protection Preservation	of natural habitat	tion or education)	a certifiec	I historic structure
2		s 2a through 2d if the organization he the last day of the tax year.	eld a qualified conservation contributio		Held at the End of the Tax Year
а		of conservation easements		2a	
þ	Total acreage	restricted by conservation easement	ts	. 2b	
c	Number of co	nservation easements on a certified l	historic structure included in (a) (c) acquired after 7/25/06, and not o	<u>20</u>	;
d	historic struct	ure listed in the National Register		· · 2d	
3	tax year 🕨		sferred, released, extinguished, or term	inated by	the organization during the
4	Number of sta	ates where property subject to conse	rvation easement is located >		andling of
5	violations, and	d enforcement of the conservation ea	garding the periodic monitoring, inspaced as the periodic monitoring, inspaced as the periodic monitoring in the periodic monitor		· · · 🔲 Yes 🗌 No
6	•		ting, handling of violations, and enforcing c		
7	Amount of exp	enses incurred in monitoring, inspectir	ng, handling of violations, and enforcing (conservatio	on easements during the year
8	and section 17	70(h)(4)(B)(ii)?	2(d) above satisfy the requirements of		· · · 📋 Yes 🗋 No
9	balance sheet	escribe how the organization reports t, and include, if applicable, the text of accounting for conservation easem	conservation easements in its revenue of the footnote to the organization's fin ents	and expe ancial stat	ements that describes the
Part	III Organ Comp	izations Maintaining Collection lete if the organization answered	s of Art, Historical Treasures, or "Yes" on Form 990, Part IV, line 8.		
1 a	If the organiza works of art, public service	ation elected, as permitted under SF historical treasures, or other similar , provide, in Part XIII, the text of the	AS 116 (ASC 958), not to report in its r assets held for public exhibition, ed footnote to its financial statements that	ucation, c t describe	or research in furtherance of sthese items.
b	works of art, public service	historical treasures, or other similar, provide the following amounts relat		ucation, c	or research in furtherance of
2	(ii) Assets incl If the organiz	luded in Form 990, Part X	, historical treasures, or other similar SFAS 116 (ASC 958) relating to these it	assets fo	▶ \$
а	Revenue inclu	ded on Form 990, Part VIII, line 1			► \$
b	Assets include	ed in Form 990, Part X 💈 🚬	<u></u> .	. <u></u>	▶ <u>\$</u>

For Paperwork Reduction /	Act Notice,	see the I	nstructions	for Form 990.

ichedu	ile D (Form 990) 2017 CHA Low-Income Se	ervices, Inc.					77-0601167		Pag
Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)		other reco	ords, chec	k any of th	ne follo	wing that are a s	significant	use of
а	Public exhibition		d	🗌 Loan	or exchan	ge prog	grams		
b	Scholarly research		÷	Other					
С	Preservation for future generation	IS							
4	Provide a description of the organiza XIII.	ation's collections	and expl	ain how tł	hey further	the or	ganization's exer	npt purpo	ose in F
5	During the year, did the organization assets to be sold to raise funds rathe								s 🗌 f
Part	Complete if the organizatio		s" on Fo	rm 990, F	Part IV, lin	e 9, or	reported an ar	nount on	Form
1a	990, Part X, line 21. Is the organization an agent, trusted								
b	included on Form 990, Part X? . If "Yes," explain the arrangement in F					•••		Ll Ye	s 🗹 i
Ь	it res, explain the arrangement in r	ran Alli anu comp	iete trie id	люмид ю	able.		Δ	mount	
c	Beginning balance					1			
d	Additions during the year					1			
e	Distributions during the year					1			
f	Ending balance					1			
2a	Did the organization include an amou					ustodia	al account liability	/? 🛛 Ye	s 🗌 N
b	If "Yes," explain the arrangement in f								
	Endowment Funds.	-							
	Complete if the organization	n answered "Yes			Part IV, lin	e 10.			
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three years bac	k (e) Four	years ba
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance		[
2	Provide the estimated percentage of			ce (line 1g,	, column (a	ı)) held	as:		
а	Board designated or quasi-endowme	ent 🕨	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of t	he organi	zation tha	t are held	and ad	lministered for th	_	
	organization by:							r	Yes N
	(i) unrelated organizations					•••		3a(i)	
_	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related of					• •		3b	
4	Describe in Part XIII the intended use		on s endo	owment tu	nas.				
Part			" on For		and NL line	- 11-	See	Dert V. H	na 10
	Complete if the organization Description of property	(a) Cost or o (investri	ther basis	(b) Cost or	other basis	(c)	Accumulated epreciation	(d) Book	
									100 0
10	land	·			138,819				138,8
1a h	Land			1	202 204				
ь	Buildings				696,504		145,105		331,3
b c	Buildings				696,504		145,105		331,3
h c a	Buildings				595,504		145,105		551,3

Part VII	Investments – Other Securities. Complete if the organization answere	d "Voc" on For	n 990 Part IV lin	a 11h See Form	990 Part X line 12
			(b) Book value		hod of valuation:
	(a) Description of security or category (including name of security)				-of-year market value
(1) Financial					<u> </u>
	neld equity interests	· · · · ·			
(3) Other					
(A)					······
(B)					
(C)					
(D)					······································
(E)					
(F)					
(G)					
(H)			······································		
	b) must equal Form 990, Part X, col. (B) line 12.) ►	/			
Part VIII	Investments—Program Related. Complete if the organization answere	d "Voo" on For	m 000 Part IV lin	a 11c See Form	990 Part X line 13
			(b) Book value		hod of valuation:
	(a) Description of investment		(b) BOOK Value		-of-year market value
(1)					
(2)					
(3)					
(4)		r			
(5)			<u></u>		
_(6)					
(7)					
(8)					
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·	100.0	APPERTUNE CARD AND AND AND AND AND AND AND AND AND AN
Farcix	Complete if the organization answere	d "Yes" on For	n 990. Part IV. lir	e 11d. See Form	990, Part X, line 15.
·	(a) Des				(b) Book value
(1)					
(2)					
(3)					
(4)		·			
(5)				· · · · · · · · · · · · · · · · · · ·	
(6)					
(7)	······································				
(8)	······································				
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · •	
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on For	m 990. Part IV. lir	e 11e or 11f. See	e Form 990, Part X,
	line 25.		- 4		
1.	(a) Description of liability	(b) Book value			
(1) Federal ir	come taxes			ter i i i i i i i i i i i i i i i i i i i	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					and the second
(9)	· · · · · · · · · · · · · · · · · · ·				
	b) must equal Form 990, Part X, col. (B) line 25.) ►				
2 Liability for	uncertain tax positions. In Part XIII, provide th	e text of the footno	ote to the organizatio	n's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under FIN	48 (ASC 740). Che	ck here if the text of	the footnote has bee	en provided in Part XIII

Schedu	le D (Form 990) 2017 CHA Low-Income Services, Inc.	77-0601167	Page 4
Par		ents With Revenue per	
	Complete if the organization answered "Yes" on Form 990		
	Total revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2	
2	Net unrealized gains (losses) on investments	2a	
â		i	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		4
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Par	XII Reconciliation of Expenses per Audited Financial State	-	er Return.
	Complete if the organization answered "Yes" on Form 990		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses		
d	Other (Describe in Part XIII.)	2d	- Alfred Alfred The Alfred Alfred Alfred Alfred
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	5
	XIII Supplemental Information.	and A. David IV. Linear the anal Ob	· Dest V lies 4: Dest V lies
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
		to provide any additional in	nonnation.
Part I\	Line 2b consists of tenant security deposits		

Schedule D (For	m 990) 2017	CHA Low-Income Services, Inc.	77-0601167	Page 5
David Mill	<u>Cummlana</u>		· · · · · · · · · · · · · · · · · · ·	
Part Am	Suppleme	ntal Information (continued)		
		~~~~~		

SCHEDULE 0	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047					
(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.		s ол	2017					
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection					
Name of the organization		Employer identifie	ation number					
CHA Low-Income Servi	ces, Inc.	77	-0601167					
Part I, Line 8-22 The Prior Year results reported in this section reflect a 3-month short-year accounting period from October through								
December 2016 due to a change in accounting period for the organization.								
Part VI, Line 11a The IRS Form 990 was provided to the governing body for their review prior to the next Board meeting after it was filed.								
Part VI, Line 19 Availal	ble upon request							
		·						

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
CHA Low-Income Services. Inc.	77-0601167
CHA LOW-IICOME Services. Inc.	
	·

## CHANGE OF ACCOUNTING PERIOD

Form	990
------	-----

# **Return of Organization Exempt From Income Tax**

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

2016 **Open to Public** ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

		t the Treasury nue Service	Information about	ut Form 990 and its inst	ructions is at	www.irs.go	v/form990		Inspect	ion
A	For the	2016 caler	ndar year, or tax year beginni			nd ending	Decem		,20 16	
в	Check if	applicable:	C Name of organization CHA Lov	-Income Services, Inc.				D Employe	er identification nu	Imber
	Address		Doing business as						77-0601167	
	Name ch		Number and street (or P.O. box it	mail is not delivered to stree	t address)	Room/suite		E Telephon	ie number	
	Initial ret	·	201 Switzler Street						(573) 443-2556	
	Final retur	m/terminated	City or town, state or province, c	ountry, and ZIP or foreign po	stal code					
	Amende	d return	Columbia, MO 65203					G Gross re	ceipts \$	175,798
	Applicati	ion pending	F Name and address of principal of	ficer:			H(a) Is this a gro	oup return for s	ubordinates? 🗌 Yes	✓ No
			Phil Steinhaus 201 Switzler S		203		H(b) Are all s	ubordinates	included? 🗌 Yes	🗌 No
ī	Tax-exer	mpt status:	✓ 501(c)(3)	c) ( ) ◀ (insert no.)	4947(a)(1) or	527	lf "No	o," attach a	list. (see instruction	ns)
J	Website		.columbiaha.com				H(c) Group	exemption i	number 🕨	
к	Form of c	organization:	Corporation 🗌 Trust 🗌 Asso	ciation 🔲 Other 🕨	L Yea	ar of formation	2002	M State	of legal domicile:	мо
Ρ	art I	Summa	ary		1.90					
	1	Briefly des	scribe the organization's mi	ssion or most significa	nt activities:	To provid	e program	ming, act	ivities and reso	urce
e		and referra	al services designed to help	children succeed in sch	ool and in life	; to suppor	t families v	orking to	ward self suffic	iency;
Jan		and to ena	ble seniors and persons with	disabilities to live inde	pendently					
/еп	2	Check this	s box 🕨 🗌 if the organizatio	n discontinued its ope	rations or dis	sposed of r	nore than	25% of i	ts net assets.	
Go	3	Number o	f voting members of the go	verning body (Part VI,	line 1a)		S 2 2	3		5
ø	4	Number o	f independent voting memb	pers of the governing b	ody (Part VI,	line 1b)	94 94 94	4		5
ties	5	Total num	ber of individuals employed	l in calendar year 2016	6 (Part V, line	2a)		5		0
Activities & Governance	6	Total num	ber of volunteers (estimate	if necessary)			S 3 9	6		
Ac	7a	Total unre	lated business revenue from	n Part VIII, column (C),	line 12 .			7a		0
	b	Net unrela	ated business taxable incon	ne from Form 990-T, lin	ne 34		24 24 24	7b		0
							Prior Ye	ar	Current Ye	ar
¢	8	Contributi	ons and grants (Part VIII, lir	ne1h)				29,385		38,226
snu	9	Program s	service revenue (Part VIII, lin	ne 2g)		· · [		951,141		137,461
Revenue	10	Investmer	nt income (Part VIII, column	(A), lines 3, 4, and 7d)				872		111
æ	11	Other reve	enue (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c,	, and 11e) .			2,093		0
	12	Total reve	nue—add lines 8 through 11	(must equal Part VIII, c	olumn (A), lir	ne 12)		983,491		175,798
	13	Grants an	d similar amounts paid (Par	t IX, column (A), lines	1–3)					
	14	Benefits p	aid to or for members (Par	IX, column (A), line 4)						
ŝ	15	Salaries, o	ther compensation, employe	e benefits (Part IX, colu	mn (A), lines 🤅	5–10)		532,017		108,530
Expenses	16a	Profession	nal fundraising fees (Part IX	, column (A), line 11e)						
хре	b	Total fund	Iraising expenses (Part IX, o	olumn (D), line 25) 🕨		839	131 - 1-1	1.4	DIE AN STON	
Ш	17	Other exp	enses (Part IX, column (A),	lines 11a-11d, 11f-24e	e)	(e) (e)		516,364		57,463
	18	Total expe	enses. Add lines 13–17 (mu	st equal Part IX, colum	in (A), line 25	)	1,	,048,381		165,993
	19	Revenue	ess expenses. Subtract line	e 18 from line 12		201 202		(64,890)		9,805
s or						Beg	inning of Cu	rent Year	End of Yea	ar
Net Assets Fund Balance	20		ets (Part X, line 16)	• • • • • • **		* * <b>_</b>	_	933,024		802,484
et As	21		lities (Part X, line 26)			••• 🗖		984,353		844,008
			s or fund balances. Subtrac	t line 21 from line 20				(51,329)		(41,524)
-	art II		ure Block							
Ur	der pena	Ities of perjur	y, I declare that I have examined th	is return, including accompa	nying schedules	and stateme	nts, and to th	e best of m	ny knowledge and	belief, it is
tru	e, correct	t, and comple	te. Declaration of preparer (other the	1	ormation of white	ch preparer na	IS any knowle	euge.	- 10 - 10	
~.			flitte	hans				11/15	12017	
Sig		, ,	ture of officer				Dat	е		
He	re		hil Steinhaus, Chief Exe	ecutive Officer						
_		1.	or print name and title	Deres 1 1	_			T	DTN	
Pa	id	Print/Typ	e preparer's name	Preparer's signature		Date		Check		
	epare	er					- í	self-emp	loyed	
	e Onl		ime 🕨				Firm	's EIN 🕨		
		Cinera La Sala	Lating and A				Dhas			

Firm's address 🕨 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No <u>a a a</u> a a 3 S S S S 4 4 Form 990 (2016) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form 990 (2016)

Page **2** 

Part		atement of Program Service A			_
				is Part III	<u>· · · · · </u>
1		describe the organization's missio		ad to boly objiduous successed in solars	a such in life, to
				ed to help children succeed in schoo rsons with disabilities to live indepe	
2			icant program services during th	e year which were not listed on th	
_	If "Yes,	' describe these new services on	Schedule O.		🗌 Yes 🗹 No
3	services			in how it conducts, any prograr	n □Yes ☑No
4	Describ expens	e the organization's program service	vice accomplishments for each o ) organizations are required to re	f its three largest program service port the amount of grants and all	
4a	(Code:		149,481 including grants of \$		137,572)
				supply a wide variety of programmi	
				acy training, home ownership traini	
				th development programming for hi	
				ts plus community-wide capacity-bu positive youth development. These	
		an 4 000 individuale acelevicer			
	inore ur				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Bevenue \$	)
	(000.01	) (ponoce +	····· ··························	) (	
14	Other	ragram convigos (Describe in Sab			
4d	(Expens	rogram services (Describe in Sche ses \$ including gr			
4e		ogram service expenses	149,481	μοψ )	
-	· · · ·	<u> </u>	וטדועדו		

Form 99	00 (2016)		F	Page 3
Part	IV Checklist of Required Schedules			
4	Is the examination described in section $E(1/c)(2)$ or $40.47/c)(1)$ (other then a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	$\checkmark$	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	•	~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		✓
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? <i>If "Yes," complete Schedule D, Part I</i>	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9	✓	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		~
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\checkmark$
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)? <i>If "Yes," complete Schedule D, Part X</i> .	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\checkmark$
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\checkmark$
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	115		✓
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		✓ ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
			000	

Form **990** (2016)

Form 99	0 (2016)		F	Page 4
Part	V Checklist of Required Schedules (continued)			1
00 -	Did the experimetion encycle and as more beenited facilities? If "Vee " complete Cabedule II	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		1
24a		24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		✓ ✓
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>√</b>
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓ ✓
32	Part I       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <td>31</td> <td></td> <td>✓ ✓</td>	31		✓ ✓
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> .	32		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓ ✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .			▼
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37 38	✓	•

Form **990** (2016)

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Form 90	CHA Low-Income Services, Inc. 77-0601167			Daga
Part				Page
Fart	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   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	$\checkmark$	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		$\checkmark$
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		✓
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\checkmark$
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<b>√</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	vu		•
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		$\checkmark$
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\checkmark$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		$\checkmark$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:	90		
10 а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in 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.			
а	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		$\checkmark$
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 99	O (2016) CHA Low-Income Services, Inc. 77-0601167			Page <b>6</b>
Part `	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI	e O. See ir	nstruc	tions.
Secti	on A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5		
b	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b>	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with		
-	any other officer, director, trustee, or key employee?			1
3	Did the organization delegate control over management duties customarily performed by or under the d			•
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		$\checkmark$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		$\checkmark$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			1
6	Did the organization have members or stockholders?	. 6		$\checkmark$
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint		
	one or more members of the governing body?			$\checkmark$
b	Are any governance decisions of the organization reserved to (or subject to approval by) membrate stockholders, or persons other than the governing body?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken due the year by the following:	ıring		
а	The governing body?	. 8a	$\checkmark$	
b	Each committee with authority to act on behalf of the governing body?	8b	1	

Each committee with authority to act on behalf of the governing body? b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\checkmark$	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	$\checkmark$	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		~
13	Did the organization have a written whistleblower policy?	13	$\checkmark$	
14	Did the organization have a written document retention and destruction policy?	14	$\checkmark$	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		$\checkmark$
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Zaati				

#### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed > 17
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website Another's website ✓ Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: Columbia Housing Authority 201 Switzler Street Columbia, MO 65203 (573) 443-2556

9

Yes No

Form 990 (2016)

#### 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
<b>(A)</b> Name and Title	<b>(B)</b> Average hours per	box, ι	unles	ieck is pe	rson	e than c is both or/trust	an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Genie Rogers, President	0.00	√						0.00	0.00	0.00
(2) Mary Anne McCollum, Vice President	0.00	~						0.00	0.00	0.00
(3) Bob Hutton, Secretary	0.00	~						0.00	0.00	0.00
(4) Max Lewis	0.00	1						0.00	0.00	0.00
(5) Catherine Colyer	0.00	✓						0.00	0.00	0.00
(6) Phil Steinhaus, Executive Director	0.00			~				0.00	0.00	0.00
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	90 (2016)	ices, iiie.							/	/-000110	/		Page <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (c	ontinu	ed)	
	(A) Name and title	<b>(B)</b> Average hours per	box,	unles	Pos neck s pe	erson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
		week (list any hours for related organizations below dotted line)	ndividua or directi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-M		other compensa from th organizat and relat organizati	e ion ed
(15)			-										
(16)			-										
(17)			-										
(18)			-										
(19)			-										
(20)			-										
(21)			-										
(22)			-										
(23)			-										
(24)			-										
(25)			-										
1b c	Sub-total	VII, Sectio	n A	•		 	 						
d 2	Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organ	t not limited					above	► e) w	0.00 ho received m		<b>0.00</b> 00,000	of	0.00
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>	fficer, direc						-	bloyee, or high	-		Ye 3	s No ✓
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>												
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind			
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep year.												tax
	(A) Name and business add	lress							(B) Description of s	ervices	(	<b>(C)</b> Compensation	۱
								1					

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 >

Form 990 (2016)

Page **9** 

Part		Statement of Revenue				Fage V
Part	- V III -	Check if Schedule O contains a response or note to	any line in this	Part VIII		
		oncorr ochedule o contains a response of note te	(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 b c d e f	Federated campaigns1aMembership dues1bFundraising events1cFundraising events1cRelated organizations1dGovernment grants (contributions)All other contributions, gifts, grants, and similar amounts not included aboveNoncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f	38,226			
Program Service Revenue	2a b c	Business Code       Dwelling Rent       Grant Income       Other Income	6,450 130,851 160	6,450 130,851 160	0 0 0	
Program Sei	d e f g	All other program service revenue . Total. Add lines 2a–2f	137,461			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	111	111	0	(
	6a b c d 7a	(i) Real       (ii) Personal         Gross rents				
	b c d	Less: cost or other basis and sales expenses .         Gain or (loss) .         Net gain or (loss) .				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
Oth	с 9а	Less: direct expenses b         Net income or (loss) from fundraising events . ▶         Gross income from gaming activities.         See Part IV, line 19				
	с 10а	Less: direct expenses b         Net income or (loss) from gaming activities ▶         Gross sales of inventory, less         returns and allowances a				
		Less: cost of goods sold b         Net income or (loss) from sales of inventory ▶         Miscellaneous Revenue         Business Code				
	11a b c d	All other revenue				
	е 12	Total. Add lines 11a–11d     .     .     .       Total revenue. See instructions.     .     .	175,798	137,572	0	(

	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	e or note to any lin (A) Total expenses	e in this Part IX . (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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages Pension plan accruals and contributions (include	85,627	78,268	7,359	
	section 401(k) and 403(b) employer contributions)	3,283	2,854	429	
9	Other employee benefits	13,226	12,578	648	
10 11	Payroll taxes	6,394	5,817	577	
a	Management	375	0	375	
b					
C d					
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	839	0	0	8
13	Office expenses	974	223	751	
14	Information technology	2,701	2,005	696	
15	Royalties				
16	Occupancy	1,151	0	1,151	
17	Travel	1,098	1,098	0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	425	425	0	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,354	0	4,354	
23	Insurance	90	0	90	
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.)				
а	Tenant Services	43,400	43,400	0	
b	Admin expenses	1,066	984	82	
c	Maintenance	276	276	0	
d	Pass through purchases for Patriot Place	714	714	0	
e	All other expenses		,		
25	Total functional expenses. Add lines 1 through 24e	165,993	148,642	16,512	8
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here $\blacktriangleright$ if				

Form 990 (2016)

## 77-0601167

Page **11** 

Balance Sheet         Check if Schedule O contains a response or note to any line in this Pa         Cash – non-interest-bearing         Savings and temporary cash investments         Savings and temporary cash investments         Pledges and grants receivable, net         Accounts receivable, net         Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.         Complete Part II of Schedule L         Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L          Notes and loans receivable, net	(A) Beginning of year 49,191 169,611 1,898	1 2 3 4 5 5 6 7 8	
Cash—non-interest-bearing	(A) Beginning of year 49,191 169,611 1,898	1 2 3 4 5 5 6 7 8	(B) End of year 41,435 48,815
Savings and temporary cash investments	169,611 1,898	2 3 4 5 5 6 7 8	48,815
Pledges and grants receivable, net	1,898	3 4 5 5 6 7 8	
Accounts receivable, net	1,898	4 5 6 7 8	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.         Complete Part II of Schedule L	340	5 6 7 8	0
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		6 7 8	
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6 7 8	
Inventories for sale or use		8	
Inventories for sale or use		-	
Prepaid expenses and deferred charges			
other basis. Complete Part VI of Schedule D10a835,323Less: accumulated depreciation10b127,693Investments—publicly traded securities		9	4,604
Investments-publicly traded securities			
	711,984	10c	707,630
		11	`
Investments-other securities. See Part IV, line 11		12	
Investments-program-related. See Part IV, line 11		13	
Intangible assets		14	
Other assets. See Part IV, line 11		15	
Total assets. Add lines 1 through 15 (must equal line 34)	933,024	16	802,484
Accounts payable and accrued expenses	190,793		82,747
Grants payable		18	
Deferred revenue	122,410	19	90,111
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D.	2,150	21	2,150
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
disqualified persons. Complete Part II of Schedule L		22	
Secured mortgages and notes payable to unrelated third parties	669,000		669,000
Unsecured notes and loans payable to unrelated third parties		24	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D		25	
Total liabilities. Add lines 17 through 25	984,353	26	844,008
Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ and complete lines 27 through 29, and lines 33 and 34.			
	(64,404)	27	(55,488)
	13,075		13,964
Organizations that do not follow SFAS 117 (ASC 958), check here  and and		29	
		30	
Capital stock or trust principal, or current funds		31	
		32	
Capital stock or trust principal, or current funds	(51,329)		(41,524)
Capital stock or trust principal, or current funds			802,484
C L T F C	complete lines 27 through 29, and lines 33 and 34.         Unrestricted net assets         Cemporarily restricted net assets         Permanently restricted net assets         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.         Capital stock or trust principal, or current funds         Paid-in or capital surplus, or land, building, or equipment fund         Retained earnings, endowment, accumulated income, or other funds	complete lines 27 through 29, and lines 33 and 34.       (64,404)         Unrestricted net assets       13,075         Cermanently restricted net assets       13,075         Permanently restricted net assets       13,075         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       and complete lines 30 through 34.         Capital stock or trust principal, or current funds       .         Paid-in or capital surplus, or land, building, or equipment fund       .         Retained earnings, endowment, accumulated income, or other funds       .	complete lines 27 through 29, and lines 33 and 34.       (64,404)       27         Unrestricted net assets       (64,404)       27         remporarily restricted net assets       13,075       28         Permanently restricted net assets       29       29         Organizations that do not follow SFAS 117 (ASC 958), check here ▶       and       30         complete lines 30 through 34.       30       31         Capital stock or trust principal, or current funds       31       31         Paid-in or capital surplus, or land, building, or equipment fund       32       32         Total net assets or fund balances       33       33

Form **990** (2016)

Form 99	CHA Low-Income Services, Inc.	77-0601167			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	s Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		17	5,798
2	Total expenses (must equal Part IX, column (A), line 25)		2		16	65,99 <u>3</u>
3	Revenue less expenses. Subtract line 2 from line 1		3			9,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 33	3, column (A))	4		(5	1,329)
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 (n					
	33, column (B))		10		(4	1,524)
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	s Part XII				
					Yes	No
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," exp	olain in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an in			2a	$\checkmark$	
	If "Yes," check a box below to indicate whether the financial statements	s for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and se	•				
b	Were the organization's financial statements audited by an independent ac			2b	$\checkmark$	
	If "Yes," check a box below to indicate whether the financial statements	for the year were audite	d on a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and se	•				
С	If "Yes" to line 2a or 2b, does the organization have a committee that ass					
	of the audit, review, or compilation of its financial statements and selection			2c	$\checkmark$	
	If the organization changed either its oversight process or selection proce	ss during the tax year, ex	plain in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo		forth in			
	the Single Audit Act and OMB Circular A-133?			3a		$\checkmark$
b	If "Yes," did the organization undergo the required audit or audits? If the					
	required audit or audits, explain why in Schedule O and describe any steps	s taken to undergo such au	udits.	3b		
				Forr	n <b>990</b>	(2016)

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2016

Department of the Treasury
Internal Revenue Service

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

### Name of the organization

Employer identification number

77-0601167

CHA Low-Income Services, Inc.	77-060116
Part I Reason for Public Charity Status (All organizations must complete this pa	art.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only or	ie box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 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.)
- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 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,
  - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
  - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d 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.
  - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
  - Enter the number of supported organizations . . f
- Provide the following information about the supported organization(s). α

•		0 ()						
(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?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

77-0601167

Schedu	le A (Form 990 or 990-EZ) 2016				,,		Page <b>2</b>
Part	II Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	
Sect	ion A. Public Support	1 9		<i>/</i>		,	
	dar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	848,883	998,310	1,457,825	1,109,817	169,077	4,583,912
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	848,883	998,310	1,457,825	1,109,817	169,077	4,583,912
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)						0
6	Public support. Subtract line 5 from line 4						4,583,912
Sect	on B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	848,883	998,310	1,457,825	1,109,817	169,077	4,583,912
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173	61	88	872	111	1,305
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,585,217
12	Gross receipts from related activities, etc.					12	217,338
13	First five years. If the Form 990 is for th						
0 +	organization, check this box and <b>stop her</b>						🕨 📘
	ion C. Computation of Public Suppor			1		14	
14 15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch					15	<u> </u>
16a	<b>331</b> /3% support test – 2016. If the organized						
	box and <b>stop here.</b> The organization qual						
b	<b>33</b> ¹ / ₃ % <b>support test</b> - <b>2015.</b> If the organization this box and <b>stop here.</b> The organization	zation did not o	check a box o	n line 13 or 16a	a, and line 15	is 33 ¹ /3% or me	ore, check
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circu	and-circumsta	ances" test, ch st. The organiz	eck this box a	and stop here.	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	tion meets the neets the "facts	e "facts-and-c s-and-circums	ircumstances" stances" test. 7 	test, check t The organizati	his box and <b>s</b> on qualifies as	a publicly
18	Private foundation. If the organization dia instructions						see ▶□

Schedule A (Form 990 or 990-EZ) 2016

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support	() 0010	(1) 0010	() 0011	( )) 0045	() 0010	(0 T )
Caler	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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.)						
Secti	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(6) 2010	(0) 2014	(0) 2010	(0) 2010	
10a	Gross income from interest, dividends,						
iou	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						
С	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						
13	(Explain in Part VI.)						
	and 12.)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop he						🕨 🗌
Sect	on C. Computation of Public Support						
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Scl					16	%
	on D. Computation of Investment In		-		(2)		
17	Investment income percentage for 2016 (			-			%
18	Investment income percentage from <b>201</b>					<b>18</b>	%
19a	<b>331</b> /3% <b>support tests</b> — <b>2016.</b> If the organ 17 is not more than 331/3%, check this box						
L	33 ¹ / ₃ % support tests – 2015. If the organiz		-	-		-	
b	line 18 is not more than 33 ¹ / ₃ %, check this						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

# Schedule A (Form 990 or 990-EZ) 2016 Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 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? *If "Yes" to a, b, or c, provide detail in Part VI.* Section B. Type I Supporting Organizations

- 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? 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.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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

- Yes No
   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?
   Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

#### 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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

Yes No

Yes No

11a

11b

11c

1

2

1

2

3

2a

2b

3a

3b

Yes No

77-0601167

_

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

1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying tru	ist on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organiza	tions must complete Sectio	ns 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):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Sect	ion D - Distributions	/ 11 0 0		Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Page 8

Part VI	<b>Supplemental Information.</b> 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.)

Sch	edu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

Attach to F	orm 990, For	m 990-EZ, o	r Form 990-PF.	
 adula D (Cause	000 000 57	000 DE) and it.	a to also all and to all a	

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the	organization	
-------------	--------------	--

Employer identification number 77-0601167

CHA LOW-INCOR	ne Sel	vices,	Inc.	
Organization	type	(check	one)	:

Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990,	990-EZ, c	or 990-PF)	(2016)
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Page **2** 

Employer identification number 77-0601167

CHA Low-Income Services, Inc.

Name of organization

Part I

**Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	ND Consulting 1425 S. 18th Street St. Louis, MO 63104	\$6,000	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Page 3

Employer identification number 77-0601167

CHA Low-Income Services, Inc.

Part II

Name of organization

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		  \$	

CHA Low-Income Services, Inc.         Part III       Exclusively religious, charitable, etc., contributions to organizations desc (10) that total more than \$1,000 for the year from any one contributor. Con the following line entry. For organizations completing Part III, enter the total of contributions of \$1,000 or less for the year. (Enter this information once. See Use duplicate copies of Part III if additional space is needed.         (a) No. from Part I       (b) Purpose of gift       (c) Use of gift	mplete columns (a) through (e) and fexclusively religious, charitable, etc
<ul> <li>(10) that total more than \$1,000 for the year from any one contributor. Contributions of the following line entry. For organizations completing Part III, enter the total of contributions of \$1,000 or less for the year. (Enter this information once. See Use duplicate copies of Part III if additional space is needed.</li> <li>(a) No. (b) Purpose of gift (c) Use of gift</li> </ul>	mplete columns (a) through (e) and fexclusively religious, charitable, etc
(a) No. from (b) Purpose of gift (c) Use of gift	
from (b) Purpose of gift (c) Use of gift	
	(d) Description of how gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4     Relationshi	ip of transferor to transferee
(a) No. from (b) Purpose of gift (c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationsh	ip of transferor to transferee
(a) No. from Part I         (b) Purpose of gift         (c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationsh	ip of transferor to transferee
(a) No. from (b) Purpose of gift (c) Use of gift	(d) Description of how gift is held
(e) Transferee's name, address, and ZIP + 4 Relationshi	ip of transferor to transferee
If ansieree's name, address, and ZIP + 4 Belanoish	

SCHEDULE	D
(Form 990)	

Department of the Treasury

## **Supplemental Financial Statements**

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Internal	Revenue Service	Information about Schedule D (Formation about Schedule D)	orm 990) and its instructions is at www.	irs.gov/forr	n990. Inspection
Name o	of the organization			Employer i	dentification number
	ow-Income Servi				77-0601167
Par			vised Funds or Other Similar Fur		counts.
	Comple	ete if the organization answered '	"Yes" on Form 990, Part IV, line 6		
			(a) Donor advised funds	(k	) Funds and other accounts
1	Total number a	at end of year			
2	Aggregate valu	ue of contributions to (during year)			
3	Aggregate valu	ue of grants from (during year) .			
4		ue at end of year			
5			advisors in writing that the assets he organization's exclusive legal control		
6			and donor advisors in writing that gra		
•			fit of the donor or donor advisor, or f		
Par		rvation Easements.			
			Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
	• • • • •		tion or education)  Preservation of	of a historio	ally important land area
		of natural habitat			d historic structure
		on of open space			
2			eld a qualified conservation contribution	on in the fo	orm of a conservation
	easement on th	he last day of the tax year.			Held at the End of the Tax Year
а	Total number of	of conservation easements		2	a
b			S		b
с	Number of cor	nservation easements on a certified h	nistoric structure included in (a) .	2	c
d	Number of co	inservation easements included in	(c) acquired after 8/17/06, and not	on a	
	historic structu	re listed in the National Register .		· · 2	d
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or ter	minated by	y the organization during the
4	Number of stat	tes where property subject to conse	rvation easement is located >		
5	Does the orga	anization have a written policy re	garding the periodic monitoring, ins		
6	Staff and volunte	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservatio	on easements during the year
7		 enses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservati	on easements during the year
_	▶\$				
8	Does each con and section 17		2(d) above satisfy the requirements of		
9			conservation easements in its revenue		
•		•	of the footnote to the organization's fir	•	
		accounting for conservation easeme			
Par			<b>s of Art, Historical Treasures, o</b> "Yes" on Form 990, Part IV, line 8.		imilar Assets.
10			AS 116 (ASC 958), not to report in its		statement and halance shoot
Ia			assets held for public exhibition, e		
			ootnote to its financial statements that		
b		, , ,	FAS 116 (ASC 958), to report in its		
5	works of art, h public service,	historical treasures, or other similar provide the following amounts relat	assets held for public exhibition, ea	ducation,	or research in furtherance of
	(i) Revenue ind	cluded on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets inclu	uded in Form 990, Part X			▶ \$
2	following amou	unts required to be reported under S	, historical treasures, or other simila FAS 116 (ASC 958) relating to these i	tems:	
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .			► \$
b	Assets include	d in Form 990, Part X			▶ \$

Schedule D (Form 990) 2016 CHA Low-Income Services, Inc.

Schedul	e D (Form 990) 2016 CHA Low-Incom	e Services, Inc	•				77-0601167		Page <b>2</b>
	III Organizations Maintaining	Collections of	Art. His	torical 1	reasures.	or Ot	her Similar Ass	sets (cont	-
3	Using the organization's acquisition, a collection items (check all that apply):								
а	Public exhibition		d	🗌 Loan	or exchange	e proq	rams		
b	Scholarly research			Other					
С	Preservation for future generations	6							
4	Provide a description of the organizat XIII.		and expla	ain how t	hey further t	he org	anization's exem	pt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								🗌 No
Part	IV Escrow and Custodial Arra	ingements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	9, or	reported an am	ount on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							Yes	✓ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					<b>1</b> f			
2a	Did the organization include an amour						•		
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has been p	orovide	ed on Part XIII .		$\checkmark$
Pari		1.007	. –			10			
	Complete if the organization							(-) [	
		(a) Current year	(b) Pri	or year	(c) Two years	в раск	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a)	) held a	as:		
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of tl	ne organi	zation the	at are held a	and ad	ministered for the		
	organization by:							Ye	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses	-	on's endo	owment fi	unas.				
Part			" on For		Dout IV/ Line	11.0		Dourt V line	- 10
	Complete if the organization								
	Description of property	(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Book va	aiue
1a	Land				138,819				138,819
b	Buildings				696,504		127,693		568,811
С	Leasehold improvements								
d									
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part 2	X, columr	n (B), line 10a	c.)	►		707,630

Schedule D (Fo	rm 990) 2016 CHA LOW-Income Services, Inc.		//-060116/	Page <b>3</b>
Part VII	Investments-Other Securities.			
	Complete if the organization answered "Yes" on Fo	orm 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	<b>(c)</b> Method of valuatio Cost or end-of-year marke	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)		_		
(B)				
(C)				
(D)				
(E)				
(F)		-		
(G)		-		
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo			-
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
			Cost of end-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
Partix	Complete if the organization answered "Yes" on Fo	vrm 000 Part IV lina	11d Soo Form 000 Part	V line 15
	(a) Description	, nine 330, nan ny inte		ok value
(1)	(4) 2000 (200		(4) 20	
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		I	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11e or 11f. See Form 990	), Part X,
	line 25.			
1.	(a) Description of liability (b) Book value			
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2016	CHA I	Low-Inco	ome Sei	rvices, l	Inc.
----------------------------	-------	----------	---------	-----------	------

Part		-	Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
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	-
C	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)	2d	0
e	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1.	10	
a b	Other (Describe in Part XIII.)	4a 4b	-
b c	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line</i>		5
Part		-	÷
Tart	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· ·
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	-
c	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
e	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.
Part IV	Line 2b consists of tenant security deposits		

Part XIII	Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	m 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.		OMB No. 1545-0047
Internal Revenue Service Name of the organization	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	Employer identific	Inspection
CHA Low-Income Serv			·0601167
CHA LOW-Income Serv	1063, IIIO.	11.	
Part VI, Line 11a The	IRS Form 990 was provided to the governing body for their review prior to the ne	ext Board meeting	g after it was filed.
Part VI, Line 19 Avai	lable upon request		

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
CHA Low-Income Services, Inc.	77-0601167