

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ATTACK POVERTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3727 GREENBRIAR DR.</b> City or town, state or province, country, and ZIP or foreign postal code <b>STAFFORD, TX 77477</b> <b>F</b> Name and address of principal officer: <b>LYNN KRAUSS</b> <b>P.O. BOX 1509, RICHMOND, TX 77406</b>	<b>D</b> Employer identification number <b>** - ***1548</b> <b>E</b> Telephone number <b>832-847-4379</b> <b>G</b> Gross receipts \$ <b>7,789,098.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW. ATTACKPOVERTY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2011</b> <b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO STRENGTHEN UNDER-RESOURCED COMMUNITIES THROUGH SPIRITUAL GROWTH, EDUCATION, REVITALIZATION, AND</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>51</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4335</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,771,954.
<b>9</b>		Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170.	14,089.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,832.	121,067.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,809,956.	7,753,411.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,167,190.	1,712,735.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>298,651.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,864,690.	2,620,444.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,031,880.	4,333,179.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	778,076.	3,420,232.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 2,136,276.	<b>End of Year</b> 5,792,806.
	<b>21</b>	Total liabilities (Part X, line 26)	175,202.	198,713.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,961,074.	5,594,093.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LYNN KRAUSS, BOARD TREASURER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NERIMAN GUVEN, CPA</b>	Preparer's signature	Date <b>07/10/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00082729</b>
	Firm's name ▶ <b>NERIMAN GUVEN, PLLC</b>	Firm's EIN ▶ <b>** - ***6934</b>	Phone no. <b>210-852-4727</b>		
	Firm's address ▶ <b>12042 BLANCO ROAD; SUITE 305 SAN ANTONIO, TX 78216</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO STRENGTHEN UNDER-RESOURCED COMMUNITIES THROUGH SPIRITUAL GROWTH, EDUCATIONS, REVITALIZATION AND BASIC NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,438,973. including grants of \$ ) (Revenue \$ ) LOCATION SERVICES

WE ARE A GLOBAL ORGANIZATION THAT SERVES LOCALLY, ADOPTING POCKETS OF POVERTY AND LAUNCHING WHAT WE CALL 'FRIENDS COMMUNITIES'. THESE COMMUNITIES ARE LONG-TERM COMMITMENTS THAT REQUIRE MUTUAL RELATIONSHIPS AND COLLABORATIVE EFFORTS WITH LOCAL ORGANIZATIONS, CHURCHES, RESIDENTS, AND STAKEHOLDERS COMMITTED TO COMMUNITY TRANSFORMATION. OVERALL, WE WORKED WITH 4355 VOLUNTEERS, 25633 VOLUNTEER HOURS AND SERVED 21,232 INDIVIDUALS.

FRIENDS OF NORTH RICHMOND THROUGH YOU CAN ACADEMY WE ENROLLED 50 CHILDREN AT PINK ELEMENTARY WHILE ALSO PROVIDING IN SCHOOL SUPPORT TO

4b (Code: ) (Expenses \$ 119,981. including grants of \$ ) (Revenue \$ ) CHILD SERVICES

THIS WAS A PHENOMENAL YEAR. 4,273 STUDENTS PARTICIPATED IN OUR PROGRAMS. WE SAW A 21% INCREASE IN THE STUDENT'S GRATES AND 89% OF THE STUDENTS PERFORMED AT, ABOVE OR WELL ABOVE EXPECTED GRADE LEVELS. YOU CAN ACADEMY IS MORE THAN JUST AN AFTER-SCHOOL PROGRAM, IT PROVIDES A SAFE AND POSITIVE ENVIRONMENT WHERE STUDENTS CAN ENJOY ACTIVITIES THAT STRENGTHEN THEIR ACADEMIC AND CRITICAL THINKING SKILLS, ENCOURAGE POSITIVE CHARACTER DEVELOPMENT AND BENEFIT FROM CONSTRUCTIVE EDUCATIONAL ACTIVITIES SUPERVISED BY RESPONSIBLE, TRAINED VOLUNTEERS. OUR GOAL IS TO SUPPORT TUTORIALS IN MATH, READING, AND ENGLISH LANGUAGE ARTS THROUGH PARTNERING WITH ACADEMIC OBJECTIVES INTRODUCED AND

4c (Code: ) (Expenses \$ 51,060. including grants of \$ ) (Revenue \$ ) ADULT SERVICES

WE BELIEVE EACH PERSON IS CREATED IN THE IMAGE OF GOD AND IS DESIGNED WITH PURPOSE. HOWEVER, WE ARE ALL BROKEN AND SOMETIMES NEED TO REESTABLISH OUR PRIORITIES AND RE-ALIGN OUR PURPOSE WITH GOD'S PURPOSE FOR US AND IN THE WORLD AROUND US. GOD HAS A PLAN! (JEREMIAH 29:11). THIS PLAN PLAYED OUT IN THE JOB PREPAREDNESS CLASS AS WE SAW 93% OF THE STUDENTS COMPLETE THE CLASS RECEIVE JOBS. 82% OF THOSE STUDENTS HAD AT LEAST ONE JOB INTERVIEW AND 94% HAD APPLIED FOR JOBS BY THE END OF THE SEMESTER. IN THE GED PROGRAM 75% OF THE STUDENTS PASSED AND 6 STUDENTS EARNED THEIR GED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,141,466. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,751,480.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
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>	X	
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>		X
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>		X
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>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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> .....		X
<b>b</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> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> 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 .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body... 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TX
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD LOGAN - 832-847-4379 230 COLLINS RD., RICHMOND, TX 77469

**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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETE RIGSBY CHAIRMAN	1.00	X		X				0.	0.	0.
(2) RICHARD JAMES LOGAN PRESIDENT & CEO	45.00	X		X			115,402.	0.	10,644.	
(3) LYNN KRAUS TREASURER	0.50	X		X			0.	0.	0.	
(4) CARLOS SANDOVAL BOARD MEMBER	0.50	X					0.	0.	0.	
(5) NICOLAS HARLAN VANN DIRECTOR	0.50	X					0.	0.	0.	
(6) KENNETH DALE BROWN SECRETARY	0.50	X		X			0.	0.	0.	
(7) LECIA DIAZ BRANNON BOARD MEMBER	0.50	X					0.	0.	0.	
(8) JESSICA BOWSER BOARD MEMBER	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							115,402.	0.	10,644.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							115,402.	0.	10,644.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HOUSTON ROOFING & CONSTRUCTION, LLC 11330 WEST RD, HOUSTON, TX 77065	CONTRACTOR FOR HOME REPAIRS COMPLETED UN	150,398.
HERMIDA SERVICES 13722 MCNAIL ST, HOUSTON, TX 77015	CONTRACTOR FOR HOME REPAIRS COMPLETED UN	135,955.
SKY REMODELING, LLC 6013 MALLARD DR., KATY, TX 77493	CONTRACTOR FOR HOME REPAIRS COMPLETED UN	113,000.

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 3



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 2,631,720.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 4,986,535.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 7,618,255.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 690.			690.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	15,588.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
	<b>c</b> Rental income or (loss) .....	15,588.				
	<b>d</b> Net rental income or (loss) .....	▶ 15,588.	15,588.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other	13,399.			
		<b>b</b> Less: cost or other basis and sales expenses .....	0.			
		<b>c</b> Gain or (loss) .....	13,399.			
	<b>d</b> Net gain or (loss) .....	▶ 13,399.	13,399.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 136,236.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 35,687.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ 100,549.			100,549.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		<b>Business Code</b>				
11 a OTHER REVENUE	900099	4,930.	4,930.			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶ 4,930.				
<b>12 Total revenue.</b> See instructions .....	▶ 7,753,411.	33,917.	0.	101,239.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	115,402.		115,402.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,330,109.	1,177,921.	54,097.	98,091.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	158,096.	139,807.	10,639.	7,650.
<b>10</b> Payroll taxes .....	109,128.	88,927.	12,796.	7,405.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	237,568.	137,767.	14,218.	85,583.
<b>12</b> Advertising and promotion .....	56,690.	41,141.	526.	15,023.
<b>13</b> Office expenses .....	114,916.	40,913.	32,647.	41,356.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	169,024.	143,889.	19,157.	5,978.
<b>17</b> Travel .....	63,101.	54,345.	4,230.	4,526.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	6,282.	6,282.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	95,963.	95,963.		
<b>23</b> Insurance .....	34,311.	26,396.	6,634.	1,281.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MINISTRY SUPPLIES</b>	1,772,623.	1,744,655.	7,602.	20,366.
<b>b</b> <b>REPAIRS &amp; MAINTENANCE</b>	30,694.	23,212.	3,998.	3,484.
<b>c</b> <b>FOOD &amp; REFRESHMENTS</b>	16,399.	15,531.	868.	
<b>d</b> <b>TRAINING</b>	15,573.	14,585.	234.	754.
<b>e</b> All other expenses _____	7,300.	146.		7,154.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,333,179.	3,751,480.	283,048.	298,651.
<b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	980,401.	<b>1</b>	1,378,833.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	3,121,271.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	12,514.	<b>9</b>	12,154.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,530,770.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 256,119.	1,137,241.	<b>10c</b> 1,274,651.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,120.	<b>15</b>	5,897.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,136,276.	<b>16</b>	5,792,806.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,456.	<b>17</b>	23,822.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	158,040.	<b>23</b>	151,095.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,706.	<b>25</b>	23,796.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	175,202.	<b>26</b>	198,713.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,660,390.	<b>27</b>	1,415,182.
	<b>28</b> Temporarily restricted net assets .....	300,684.	<b>28</b>	4,178,911.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,961,074.	<b>33</b>	5,594,093.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,136,276.	<b>34</b>	5,792,806.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,753,411.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,333,179.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,420,232.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,961,074.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	212,787.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,594,093.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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? _____		X
<b>b</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 _____		

Form 990 (2018)

### Public Charity Status and Public Support

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

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

Name of the organization

ATTACK POVERTY

Employer identification number

\*\*-\*\*\*1548

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

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

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

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	848,300.	909,188.	1052841.	4059440.	7618255.	14488024.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	848,300.	909,188.	1052841.	4059440.	7618255.	14488024.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						14488024.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	848,300.	909,188.	1052841.	4059440.	7618255.	14488024.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				170.	690.	860.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					15,588.	15,588.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				4,923.	4,930.	9,853.
<b>11 Total support.</b> Add lines 7 through 10						14514325.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.82 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	100.00 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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

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

- 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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

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

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

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

Name of the organization **ATTACK POVERTY** Employer identification number **\*\*-\*\*\*1548**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,406.		40,406.
b Buildings		1,233,398.	178,687.	1,054,711.
c Leasehold improvements		45,214.	2,261.	42,953.
d Equipment		134,115.	64,819.	69,296.
e Other		77,637.	10,352.	67,285.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,274,651.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SALES TAX PAYABLE</b>	<b>1,296.</b>
(3) <b>CREDIT CARD PAYABLE</b>	<b>20,090.</b>
(4) <b>CUSTOMER DEPOSIT</b>	<b>2,410.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>23,796.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 7,753,411.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 0.

**Part XIII Supplemental Information.**

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

Multiple horizontal lines for providing supplemental information.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**ATTACK POVERTY**

Employer identification number

**\*\* - \*\*\* 1548**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
UGANDA	0	0	EDUCATIONAL AND MEDICAL SUPPORT PROGRAM SERVICES	IN UGANDA WE SERVE IN TWO LOCATIONS: RUSHERE AND BUKEMERO. WE HAD 227 VOLUNTEERS WITH 367	78,414.
INDIA	0	0	EDUCATIONAL AND MEDICAL SUPPORT PROGRAM SERVICES	IN INDIA WE SERVE THROUGH AN AFFILIATE, HOUSE OF LOVE ORPHANAGE WHERE WE SERVE 55 CHILDREN. WE	2,633.
EAST ASIA	0	0	EDUCATIONAL AND MEDICAL SUPPORT PROGRAM SERVICES	OVER THE PAST YEAR WE HAVE BEEN BUSY ESTABLISHING AN OFFICE IN HONG KING AND WORKING	139,740.
<b>3 a</b> Subtotal .....	0	0			220,787.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			220,787.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UGANDA	ASSISTING MEDICAL CLINICS, MERCY MINISTRIES, CHILD DEVELOPMENT PROGRAMS.	0.	FUNDS ARE WIRED	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

THE ORGANIZATION SUPPORTS RUSHERE CHRISTIAN HIGH SCHOOL IN UGANDA. THE SCHOOL'S ACTIVITIES AND FINANCIAL STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS PERIODICALLY. GROUP OF VOLUNTEERS ARE SEND TO OVERSEE THE NEEDS OF THE SCHOOL. THE ORGANIZATION RAISED \$27,452 FOR THIS PURPOSE. THEY CONDUCTED ONE MEDICAL MISSION TRIP, ALLOWING 30 PEOPLE PROVIDE MEDICAL CARE FOR 1,091 UGANDANS. DURING THE FISCAL YEAR, THEY SERVED 2,506 PEOPLE THROUGH MEDICAL CLINICS, PASTOR CONFERENCES, MERCY MINISTRIES, AND CHILD DEVELOPMENT PROGRAMS.

**PART I, LINE 3:**

BASED ON NEEDS OF THE CHURCH.

**PART I, LINE 3, COLUMN (E):**

REGION: UGANDA

(E) SPECIFIC TYPES OF SERVICES IN REGION: IN UGANDA WE SERVE IN TWO LOCATIONS: RUSHERE AND BUKEMERO. WE HAD 227 VOLUNTEERS WITH 367 VOLUNTEER HOURS. WE SERVED 329 CHILDREN AND 47 ADULTS. LASTLY, WE WERE ABLE TO PROVIDE COMMUNITY SERVICE EFFORTS TO 2,188 INDIVIDUALS. OUR FRIENDS HAVE PAID FOR AN EXPANSION OF THEIR CHURCH SHELTER AND NOW CAN SEAT 400 DURING SUNDAY SERVICES. THEY ALSO PERFORMED KEY REVITALIZATION ON THE PROPERTY INCLUDING A NEW KITCHEN STRUCTURE. WITH THE SCHOOLS SURPLUS FUNDS, ADDITIONS WERE MADE TO RUSHERE CHRISTIAN HIGH SCHOOL, INCLUDING TEACHERS QUARTERS, A SCIENCE LAB, COMPUTER LAB, AND A LIBRARY. A BOYS DORMITORY WAS BUILT WHICH ENABLES THE BOYS TO STAY ON THE PREMISES INSTEAD OF IN TOWN. IN BUKOMERO, WORKING WITH PASTOR GERALD AND CHOSEN CHURCH, CASSAVA SEEDS WERE DISTRIBUTED TO 23 FAMILIES AND THEIR HARVEST WAS ABUNDANT.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

WOMEN ARE LEARNING ABOUT HOME-BASED SKILLS THEY CAN USE TO PROVIDE AN INCOME. MERCY MINISTRY IS SUPPORTING VULNERABLE FAMILIES AND THE ELDERLY BY PROVIDING BASIC NEEDS LIKE SUGA

REGION: INDIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: IN INDIA WE SERVE THROUGH AN AFFILIATE, HOUSE OF LOVE ORPHANAGE WHERE WE SERVE 55 CHILDREN. WE WERE ALSO ABLE TO SERVE 170 ADULTS THROUGH OUR ADULT EDUCATION PROGRAMS AND 9,581 INDIVIDUALS THROUGH COMMUNITY SERVICE EFFORTS TO 9,581 INDIVIDUALS. WE HAD 860 VOLUNTEERS AS WELL. IN INDIA, ORPHANED AND ABANDONED CHILDREN FACE HUNGER, HOMELESSNESS, VIOLENCE, TRAFFICKING, ABUSE, ENSLAVEMENT BY EMPLOYERS, AND EXPLOITATION BY POLICE AND OTHERS. AT THE HOUSE OF LOVE, CHILDREN NO LONGER LIVE IN FEAR OF HOMELESSNESS. THEY ARE PROTECTED, NURTURED, AND EDUCATED. THESE CHILDREN ARE THRIVING! THEY HAVE WON AWARDS IN ACADEMICS AND CULTURAL ARTS AND ARE BEING WELL EQUIPPED TO SEEK HIGHER EDUCATION. OUR TEAM IS WORKING ON LONG-TERM GOALS WITH COMMUNITY LEADERS. THEY HAVE IDENTIFIED THE FOLLOWING GOALS: TO BRING THE HOUSE OF LOVE TO SELF-SUFFICIENCY, TO DISCOVER OBSTACLES IN THE CULTURE AND LOCAL AREA, AND TO EXPLORE POSSIBLE SOLUTIONS, AND TO IMPROVE RELATIONS BETWEEN DIFFERENT FAITH GROUPS IN THE AREA.

REGION: EAST ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: OVER THE PAST YEAR WE HAVE BEEN BUSY ESTABLISHING AN OFFICE IN HONG KONG AND WORKING WITH INDIGENOUS LEADERS. THROUGH LISTENING, COLLABORATIVE PARTNERSHIPS, AND EQUIPPING STRATEGIES, WE ARE GROWING IN OUR PRESENCE IN EAST ASIA AS WELL AS AWARENESS OF LOCAL OPPORTUNITIES FOR TRANSFORMATION. IN SMALL WAYS,

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

WHETHER IT'S SUPPLYING A MOTORCYCLE FOR A LOCAL PASTOR, PROVIDING  
TRAINING FOR COMMUNITY DEVELOPMENT LEADERS, OR SITTING WITH CHILDREN THAT  
HAVE BEEN RIPPED FROM THEIR PARENTS, WE ARE SEEING A HUGE IMPACT

Multiple horizontal lines for supplemental information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**ATTACK POVERTY**

Employer identification number

\*\*-\*\*\*1548

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>	▶					

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GALA</b> (event type)	<b>5 K EVENT</b> (event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	136,236.			136,236.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	136,236.			136,236.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	35,687.			35,687.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				35,687.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				100,549.	

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

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information input.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

ATTACK POVERTY

Employer identification number

\*\* - \*\*\* 1548

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BASIC NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE STAFF AND ADMINISTRATION. 45 STUDENTS COMPLETED THE PROGRAM. WE PROVIDED SUMMER PROGRAMMING TO 24 STUDENTS. THROUGH OUR ADULT EDUCATION SERVICES, WE ENROLLED AND EMPOWERED 187 ADULTS. THIS INCLUDED COMPUTER CLASSES, ESL, FAITH AND FINANCE WORKSHOPS, GED AND JOBS FOR LIFE.

LASTLY, WE SERVED 1.061 INDIVIDUALS THROUGH OUR COMMUNITY REVITALIZATION, EVENTS, AND ENGAGEMENT EFFORTS. MISSION WEEK SERVED 148 CHILDREN. WE ALSO HAD 2023 VOLUNTEER HOURS ON 17 HURRICANE HARVEY RECOVERY.

FRIENDS OF SUNDOWN THROUGH YOU CAN ACADEMY WE ENROLLED 46 CHILDREN WITH 33 COMPLETING THE PROGRAM. WE WERE ALSO ABLE TO PROVIDE IN SCHOOL SUPPORT TO THE STAFF AND ADMINISTRATION ALONGSIDE YOU CAN ACADEMY AT SUNDOWN ELEMENTARY. THROUGH OUR ADULT EDUCATION SERVICES, WE ENROLLED AND EMPOWERED 45 ADULTS. LASTLY, WE SERVED 548 INDIVIDUALS THROUGH OUR COMMUNITY REVITALIZATION, EVENTS, AND ENGAGEMENT EFFORTS. MISSION WEEK SERVED 101 CHILDREN.

FRIENDS OF NORTH RICHMOND THROUGH YOU CAN ACADEMY WE ENROLLED 36 CHILDREN AT JACKSON ELEMENTARY WHILE ALSO PROVIDING IN SCHOOL SUPPORT TO THE STAFF AND ADMINISTRATION. 32 STUDENTS COMPLETED THE YOU CAN ACADEMY PROGRAM. AND, THE IN-SCHOOL SUPPORT SERVICES WE PROVIDED

INCLUDED EVENT ASSISTANCE, STANDARDIZED TESTING PREP FOR TEACHERS AND

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization ATTACK POVERTY	Employer identification number **-***1548
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TEACHER APPRECIATION BREAKFASTS. THROUGH OUR ADULT EDUCATION SERVICES, WE ENROLLED AND EMPOWERED 42 ADULTS. THIS INCLUDED COMPUTER CLASSES, ESL, AND GED. LASTLY, WE SERVED 1,088 INDIVIDUALS THROUGH OUR COMMUNITY REVITALIZATION, EVENTS, AND ENGAGEMENT EFFORTS. MISSION WEEK SERVED 44 CHILDREN AND 4 REVITALIZATION PROJECTS. WE ALSO HAD 2343 VOLUNTEER HOURS ON 44 HURRICANE HARVEY RECOVERY PROJECTS. WE HOSTED A THANKSGIVING EVENT CALLED BREAKING BREAD WITH 412 PARTICIPANTS. OTHER EVENTS INCLUDED HOPE AFTER HARVEY, A GAME NIGHT IN OUR COMMUNITY GARDEN, A COOK-OUT WITH THE COPS AND NATIONAL NIGHT OUT.

FRIENDS OF NORTHSIDE- IN HOUSTON, TX, WE SERVE IN THE NORTHSIDE COMMUNITY. WE SERVED 22 CHILDREN THROUGH YOU CAN ACADEMY, 5 OF WHOM COMPLETED THE PROGRAM. WE FOCUSED OUR IN SCHOOL SUPPORT EFFORTS AT CLEMENTE MARTINEZ ELEMENTARY SCHOOL BY MEETING THE NEEDS OF TEACHERS AND STUDENTS. THROUGH OUR ADULT EDUCATION PROGRAMS, WE WERE ABLE TO EMPOWER 22 ADULTS. WITHIN OUR COMMUNITY REVITALIZATION, ENGAGEMENT, AND EVENTS (CREE) EFFORTS, WE WERE ABLE TO IMPACT 565 INDIVIDUALS. THROUGH MISSION WEEK, AN ASPECT OF CREE, WE WERE ABLE TO SERVE 74 CHILDREN WITH 148 VOLUNTEERS AND 719 VOLUNTEER HOURS. LASTLY, THROUGH REVITALIZATION, SPECIFICALLY HARVEY RECOVERY, WE HOSTED 10 DIFFERENT PROJECTS WITH 23 VOLUNTEERS AND 289 VOLUNTEER HOURS.

MERCY GOODS IS A SOCIAL ENTERPRISE OF ATTACK POVERTY. THESE ARE BUSINESSES THAT ADDRESS A BASIC UNMET NEED OR SOLVES A SOCIAL OR ENVIRONMENTAL PROBLEM THROUGH A MARKET-DRIVEN APPROACH. THERE ARE THREE GENERAL SOCIAL ENTERPRISE MODELS: OPPORTUNITY EMPLOYMENT, TRANSFORMATIVE PRODUCTS OR SERVICES, AND DONATE BACK. ALL CAN BE A POWERFUL WAY TO ADVANCE AN ORGANIZATION'S SOCIAL MISSION AND FINANCIAL

Name of the organization ATTACK POVERTY	Employer identification number **-***1548
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STABILITY. MERCY GOODS EXISTS TO CREATE EMPLOYMENT, JOB-TRAINING, AND MENTORSHIP OPPORTUNITIES FOR AT-RISK YOUTH. WE EMPLOY HIGH SCHOOL STUDENTS IN ORDER TO REDUCE THE DROPOUT RATE AND PROVIDE A QUALITY WORK ENVIRONMENT. MERCY GOODS EMPLOYED 6 AT RISK YOUTH AND HAD 61 VOLUNTEERS WITH 221 VOLUNTEER HOURS.

FRIENDS OF UGANDA: IN UGANDA WE SERVE IN TWO LOCATIONS: RUSHERE AND BUKEMERO. WE HAD 227 VOLUNTEERS WITH 367 VOLUNTEER HOURS. WE SERVED 329 CHILDREN AND 47 ADULTS. LASTLY, WE WERE ABLE TO PROVIDE COMMUNITY SERVICE EFFORTS TO 2,188 INDIVIDUALS. OUR FRIENDS HAVE PAID FOR AN EXPANSION OF THEIR CHURCH SHELTER AND NOW CAN SEAT 400 DURING SUNDAY SERVICES. THEY ALSO PERFORMED KEY REVITALIZATION ON THE PROPERTY INCLUDING A NEW KITCHEN STRUCTURE. WITH THE SCHOOL'S SURPLUS FUNDS, ADDITIONS WERE MADE TO RUSHERE CHRISTIAN HIGH SCHOOL, INCLUDING TEACHER'S QUARTERS, A SCIENCE LAB, COMPUTER LAB, AND A LIBRARY. A BOY'S DORMITORY WAS BUILT WHICH ENABLES THE BOYS TO STAY ON THE PREMISES INSTEAD OF IN TOWN. IN BUKOMERO, WORKING WITH PASTOR GERALD AND CHOSEN CHURCH, CASSAVA SEEDS WERE DISTRIBUTED TO 23 FAMILIES AND THEIR HARVEST WAS ABUNDANT. WOMEN ARE LEARNING ABOUT HOME-BASED SKILLS THEY CAN USE TO PROVIDE AN INCOME. MERCY MINISTRY IS SUPPORTING VULNERABLE FAMILIES AND THE ELDERLY BY PROVIDING BASIC NEEDS LIKE SUGAR, SALT, FOOD, CLOTHES AND SHOES. THERE IS A GREAT NEED FOR BOOKS, SCHOOL SUPPLIES AND UNIFORMS FOR CHILDREN. THE ELDERLY NEED HELP BUILDING TOILETS AND STANDARD HOUSES TO LIVE IN. LASTLY, WE HOSTED AN INTERNATIONAL MEDIAL MISSION TRIP.

FRIENDS OF INDIA: IN INDIA WE SERVE THROUGH AN AFFILIATE, HOUSE OF LOVE ORPHANAGE WHERE WE SERVE 55 CHILDREN. WE WERE ALSO ABLE TO SERVE 170

Name of the organization ATTACK POVERTY	Employer identification number **-***1548
--	--

ADULTS THROUGH OUR ADULT EDUCATION PROGRAMS AND 9,581 INDIVIDUALS THROUGH COMMUNITY SERVICE EFFORTS TO 9,581 INDIVIDUALS. WE HAD 860 VOLUNTEERS AS WELL. IN INDIA, ORPHANED AND ABANDONED CHILDREN FACE HUNGER, HOMELESSNESS, VIOLENCE, TRAFFICKING, ABUSE, ENSLAVEMENT BY EMPLOYERS, AND EXPLOITATION BY POLICE AND OTHERS. AT THE HOUSE OF LOVE, CHILDREN NO LONGER LIVE IN FEAR OF HOMELESSNESS. THEY ARE PROTECTED, NURTURED, AND EDUCATED. THESE CHILDREN ARE THRIVING! THEY HAVE WON AWARDS IN ACADEMICS AND CULTURAL ARTS AND ARE BEING WELL EQUIPPED TO SEEK HIGHER EDUCATION. OUR TEAM IS WORKING ON LONG-TERM GOALS WITH COMMUNITY LEADERS. THEY HAVE IDENTIFIED THE FOLLOWING GOALS: TO BRING THE HOUSE OF LOVE TO SELF-SUFFICIENCY, TO DISCOVER OBSTACLES IN THE CULTURE AND LOCAL AREA, AND TO EXPLORE POSSIBLE SOLUTIONS, AND TO IMPROVE RELATIONS BETWEEN DIFFERENT FAITH GROUPS IN THE AREA.

ATTACK POVERTY EAST ASIA: OVER THE PAST YEAR WE HAVE BEEN BUSY ESTABLISHING AN OFFICE IN HONG KONG AND WORKING WITH INDIGENOUS LEADERS. THROUGH LISTENING, COLLABORATIVE PARTNERSHIPS, AND EQUIPPING STRATEGIES, WE ARE GROWING IN OUR PRESENCE IN EAST ASIA AS WELL AS AWARENESS OF LOCAL OPPORTUNITIES FOR TRANSFORMATION. IN SMALL WAYS, WHETHER IT'S SUPPLYING A MOTORCYCLE FOR A LOCAL PASTOR, PROVIDING TRAINING FOR COMMUNITY DEVELOPMENT LEADERS, OR SITTING WITH CHILDREN THAT HAVE BEEN RIPPED FROM THEIR PARENTS, WE ARE SEEING A HUGE IMPACT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: REVIEWED AT OUR LOCAL PARTNER SCHOOL.

ATTACK POVERTY BELIEVES FAMILIES SHOULD HAVE ACCESS TO QUALITY CARE WHILE BOOSTING THEIR LEARNING ABILITY. WE USE A HOLISTIC APPROACH AND

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CARE FOR THE WHOLE PERSON. YCA STUDENTS ARE PROVIDED A HEALTHY SNACK OR MEAL, ARE TAUGHT ABOUT NUTRITION, HEALTHY EATING AND FITNESS. WE ADDRESS BEHAVIORAL ISSUES, PARTICIPATE IN SPECIAL PROJECTS AND EVEN TEACH TECHNIQUES ON REDUCING STRESS TO ALLOW STUDENTS TO FOCUS THEIR ATTENTION ON THEIR SCHOOLWORK.

THIS YEAR, WE LAUNCHED OUR FIRST YCA AT THE MIDDLE SCHOOL LEVEL. WE FOUND THAT MIDDLE SCHOOLERS FACE A UNIQUE SET OF ISSUES AND SAFETY IS A MAJOR CONCERN. THEY FACE LIFE AND DEATH SITUATIONS ON A REGULAR BASIS, AS WE SAW WHEN A YOUTH (FORMER STUDENT) WAS STABBED AT AN APARTMENT COMPLEX BEHIND THE SCHOOL, AND LATER DIED ON CAMPUS. WE RESPONDED BY HAVING VOLUNTEERS WALK THE HALLS IN PRAYER AND ALSO PRAY ED WITH STAFF AND STUDENTS UNTIL COUNSELORS WERE ABLE TO STEP IN.

WE ALSO PROVIDE IN SCHOOL SUPPORT AND MENTORING IN SCHOOLS. OUR IN SCHOOL SUPPORT PROGRAMS VARY DEPENDING ON THE SPECIFIC NEEDS OF THE SCHOOLS WE PARTNER WITH. WE ASSIST WITH THINGS LIKE VISION SCREENINGS, TEACHER WORK ROOM DUTIES, SHELVING BOOKS IN THE LIBRARY, AND HOSTING TEACHER APPRECIATION DAYS. WE PARTNERED WITH OTHERS TO PROVIDE RUNNING SHOES TO A GIRLS RUNNING TEAM AND HOSTED A 5K WHERE THEY WERE ABLE TO TAKE PART IN A GIRLS ON THE RUN RACE.

WE TRAINED PARENTS ON HOW TO VOLUNTEER AND PARTICIPATE IN SCHOOL ACTIVITIES. THROUGH THE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORT (PBIS) PROGRAM, WE ENCOURAGED GOOD BEHAVIOR BY HOSTING THE ARMADILLO OF THE MONTH. EACH MONTH, ONE STUDENT PER GRADE IS RECOGNIZED FOR THEIR EXEMPLARY BEHAVIOR.



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WE PARTICIPATED IN PROGRAMS SUCH AS THE KEYS MENTORING PROGRAM, THE JUNIOR ACHIEVEMENT PROGRAM (WHICH TEACHES KINDERGARTEN STUDENTS ABOUT MAKING SMART FINANCIAL DECISIONS), AND ONE THAT TEACHES STRESS REDUCING TECHNIQUES TO CHILDREN PREPARING FOR TESTS.

OUR VOLUNTEERS SERVE AS MENTORS AT SEVERAL SCHOOLS WITHIN OUR COMMUNITIES, BOTH ELEMENTARY AND MIDDLE SCHOOL. AT ONE MIDDLE SCHOOL, TWENTY-FOUR VOLUNTEERS FROM GRACE PRESBYTERIAN, A PARTNER AT THE FRIENDS OF WESTCHASE, MENTORED 24 STUDENTS ON A WEEKLY BASIS THROUGHOUT THE SCHOOL YEAR. WE REACHED OUR CAPACITY AND HAD TO PUT 40 ADDITIONAL STUDENTS ON A WAITING LIST. THE STUDENTS HEARD FROM THEIR PEERS HOW GREAT IT WAS TO HAVE A MENTOR. MANY STUDENTS COME FROM A SINGLE PARENT HOME, OR MAY EVEN BE RAISED BY A RELATIVE, LEAVING A GAP IN QUALITY ROLE MODELS. STUDENTS ON THE WAITING LIST WERE HEARD SAYING THAT THEY "WANT SOME OF THAT GRACE". THIS SCHOOL YEAR, MENTORING HAS BECOME A CLASS ELECTIVE OFFERED 3 DAYS A WEEK. WE HOPE TO BE ABLE TO ACCOMMODATE THOSE ADDITIONAL FORTY STUDENTS SO THAT THEY TOO MAY FEEL VALUED AND CARED FOR WHILE BEING MENTORED BY MATURE CHRISTIAN ADULTS WHO CAN BUILD, STRONG, HEALTHY RELATIONSHIPS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ADULT CONTINUING EDUCATION CLASSES ALLOW ADULTS THE OPPORTUNITY TO RECLAIM THEIR PURPOSE THROUGH OFFERING A HAND-UP, NOT A HAND OUT. WE KNOW THAT THROUGH EDUCATIONAL OPPORTUNITIES, WE ARE EMPOWERED TO TAKE THAT NEXT STEP! HOWEVER, WE MUST OWN THIS PROCESS AND TAKE RESPONSIBILITY FOR OUR ACTIONS.

EACH ADULT CONTINUING EDUCATION COURSE OFFERS INDIVIDUALS THE TOOLS

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NEEDED TO TAKE THE OPPORTUNITY TO BE EMPOWERED AND BREAK THE CYCLES THAT HAVE BECOME A ROADBLOCK FOR THE FUTURE.

WHILE OFFERING THE NECESSARY TOOLS TO BE EMPOWERED AND TAKE THE NEXT STEP, EACH CLASS ALSO INVITES INDIVIDUALS TO EXAMINE THEIR PERSONAL RELATIONSHIP WITH GOD. AS WE HAVE MENTIONED BEFORE, EVERYONE IS MADE IN THE IMAGE OF GOD. WE UNDERSTAND THAT PART OF THE PROCESS TO BREAK THE CYCLE IS TO BUILD A STRONGER (AND GENUINE) RELATIONSHIP WITH GOD, WITH OTHERS, AND THE WORLD AROUND US. WE MUST ADDRESS THIS BROKENNESS AS WELL AS THE EDUCATIONAL CHALLENGES IN ORDER TO BEGIN THE JOURNEY TOWARDS FULL TRANSFORMATION.

JOBS FOR LIFE HELPS PREPARE MEN AND WOMEN FOR MEANINGFUL WORK THROUGH HONEST RELATIONSHIPS, MENTORING, WORK-FORCE DEVELOPMENT TRAINING, AND AN ONGOING COMMUNITY OF SUPPORT WHILE ADDRESSING THE ROOT CAUSES OF UNEMPLOYMENT.

WHETHER IT IS THROUGH FINANCIAL LITERACY, JOB READINESS, GED PREP, ESL CLASS, OR OUR COMPUTER EDUCATION CLASSES, WE BELIEVE THAT INDIVIDUALS ARE WORKING TO CREATE A BETTER FUTURE FOR THEMSELVES AND THEIR FAMILY. IN THE END, WE TRUST THAT THOSE DILIGENTLY COMMITTED TO THE PROCESS WILL BE EMPOWERED AND FULL OF DIGNITY. WE HOPE THAT BY THE END OF EACH ONE OF OUR COURSES, WE HEAR SOMEONE SAY, "I AM EMPOWERED!"

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISASTER RECOVERY

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DISASTER RECOVERY (DR) IS A DEPARTMENT IN AP THAT FOSTERS TRANSFORMATION AND EMPOWERS RESIDENTS TO TAKE CHARGE OF THEIR RECOVERY AND HOME REPAIRS WHILE PURSUING HONEST AND TRANSPARENT RELATIONSHIPS THAT BUILD TRUST AND RESULT IN THE INCREASED THE CAPACITY OF OTHERS. IN THE PAST YEAR WE WERE ABLE TO IMPACT 703 INDIVIDUALS. WE LAUNCHED 269 NEW PROJECTS AND HAVE CURRENTLY FINISHED 310 OF THEM. APDR SERVES IN COMMUNITIES WHERE AN AP LOCATION CURRENTLY LIES, AND SERVES IN DISASTERS BY PARTNERING WITH LONG-TERM RECOVERY GROUPS (LTRGS), OBTAINING FUNDING, RECEIVING REFERRALS, ADVOCATING FOR RESIDENTS, ASSESSING AND REPAIRING HOMES, AND MUCH MORE.

WHEN A DISASTER OCCURS IN AN AREA IN WHICH AP IS LOCATED, (DOMESTICALLY AND INTERNATIONALLY), APDR WILL WALK ALONGSIDE TRAINED TEAMS TO PROVIDE NECESSARY SUPPORT FOR A PERIOD OF TIME. ONCE THE TEAM HAS SERVED THEIR PURPOSE, THEY WILL TURN THEIR EFFORTS OVER TO BE LED BY THE COMMUNITY AND LOCATION STAFF.

TRAININGS ARE DEVELOPED FOR AP STAFF, COMMUNITIES, AND RECOVERY ORGANIZATIONS. AP OFFICE AND LOCATION DIRECTORS ARE TRAINED ON THE DR PROCESSES SUCH AS HOME REPAIR, DATA MANAGEMENT, AND HOW TO ADVOCATE FOR COMMUNITIES IN A DISASTER. OTHER TRAININGS SUCH AS HEALING FROM DISASTERS, PREPARATION BEFORE THE STORM, DURING THE STORM, AND BASIC HOME REPAIR WILL BE OFFERED TO CHURCHES, NGOS. LTRGS, VOLUNTEERS, COMMUNITY RESIDENTS, MILITARY VETERANS, AND FEDERAL & LOCAL GOVERNMENTS.

IN ADDITION TO DISASTERS, ATTACK POVERTY HAS RECOGNIZED THE NEED FOR REVITALIZATION THROUGHOUT THE COUNTIES IN WHICH WE SERVE AND HAVE

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COMMITTED TO ADVOCATE FOR THESE HOME REPAIR NEEDS. THIS ALLOWS APDR TO CONTINUE THEIR WORK CREATING SAFE AND SECURE HOMES FOR UNDER-RESOURCED COMMUNITIES.

EXPENSES \$ 2,038,682. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

#### COMMUNITY REVITALIZATION

IT'S ABOUT RELATIONSHIPS. GENERATIONAL POVERTY CANNOT BE CHANGED WITH SMALL, SOFT-HEARTED PLANS. IT MUST BE DIRECTLY ADDRESSED WITH GREAT INTENTION THROUGH MUTUAL RELATIONSHIPS. IT IS A COMPLICATED SPIRITUAL, RELATIONAL, MENTAL-ATTITUDE, EDUCATIONAL AND FINANCIAL ISSUE.

ATTACK POVERTY PROVIDES HOME REPAIR SERVICES FOR LOW INCOME, ELDERLY AND/OR DISABLED HOMEOWNER LOCATED WITHIN THE COMMUNITIES WE SERVE.

THERE IS NEVER A CHARGE TO THE HOMEOWNER. OUR GOAL IS TO PROVIDE CRITICAL HOME REPAIRS FOR PEOPLE WITH NO MEANS TO MAKE THE REPAIRS THEMSELVES. ALL REPAIRS MUST BE NECESSARY AND POSITIVELY INFLUENCE THE QUALITY OF LIFE, HEALTH AND SAFETY OF THE OCCUPANTS.

COMMUNITY ENGAGEMENT PROGRAMS AND EVENTS VARY BY LOCATION. WHETHER IT'S A COMMUNITY GARDEN, A BIBLE STUDY, PRAYER WALLS, A FESTIVAL OR EVENT, OR COMMUNITY LISTENING, ENGAGING WITH MEMBERS OF THE COMMUNITY IS VITAL TO THE HOLISTIC APPROACH TO YOUR COMMUNITY DEVELOPMENT. COMMUNITY REVITALIZATION BRINGS INDIVIDUALS WITHIN THE COMMUNITY TOGETHER TO WORK COLLABORATIVELY TO AWAKEN POTENTIAL AND PROVOKE TRANSFORMATION. THIS EFFORT INCLUDES COMMUNITY ENGAGEMENT, EVENTS AND PROJECTS TO BRING REVITALIZATION AROUND SPECIFIC BEATIFICATION PROJECTS. THESE ACTIVITIES ALLOW EXPANSION IN OUR OTHER SERVICE AREAS LIKE CHILD

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SERVICES AND ADULT EDUCATION. DURING THE COURSE OF THIS YEAR WE FOCUSED  
ON HOME REPAIR, MISSION WEEK, COMMUNITY LISTENING, AND FAMILY NIGHTS.

IN MISSION WEEK ALONE THERE WERE 1,254 PARTICIPANTS AND 665 VOLUNTEERS.

REVITALIZATION PROJECTS HAD 211 DEDICATED VOLUNTEERS CONTRIBUTING  
13,871 HOURS AND SERVED 3,262 INDIVIDUALS.

EXPENSES \$ 102,784. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PT VI, LINE 11B: THE RETURN IS INITIALLY REVIEWED BY THE TREASURER OF THE  
ORGANIZATION AND ANY CONCERNS ARE ADDRESSED. THE RETURN IS THEN REVIEWED BY  
THE BOARD OF DIRECTORS. THE RETURN IS SIGNED BY THE TREASURER AND FILED  
WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

PT VI, LINE 12C: EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH  
GOVERNING BOARD DELEGATED POWERS SHALL DISCLOSE ANY CONFLICT OF INTEREST AT  
THE ANNUAL BOARD MEETING

FORM 990, PART VI, SECTION B, LINE 15:

PT VI, LINE 15A: THE HUMAN RESOURCES DIRECTOR USES INDUSTRY STANDARDS AND  
GUIDELINES BASED ON OUTSIDE SOURCES TO ANALYZE COMPENSATION OF EMPLOYEES.

PT VI, LINE 15B: THE HUMAN RESOURCES DIRECTOR USES INDUSTRY STANDARDS AND  
GUIDELINES BASED ON OUTSIDE SOURCES TO ANALYZE COMPENSATION OF EMPLOYEES

FORM 990, PART VI, SECTION C, LINE 18:

PT VI, LINE 19: A COPY OF ALL OUR PUBLIC RECORDS ARE KEPT AT OUR OFFICE AND  
MAY BE REQUESTED BY THE PUBLIC ANYTIME DURING OUR HOURS OF OPERATION.

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FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF ALL OUR PUBLIC RECORDS ARE KEPT AT OUR OFFICE AND MAY BE REQUESTED BY THE PUBLIC ANYTIME DURING OUR HOURS OF OPERATION.

FORM 990 PART XI LINE 8

PRIOR PERIOD SUMMARIZED FINANCIAL STATEMENTS

THE 2018 SUMMARIZED FINANCIAL STATEMENTS WERE REVIEWED BY THE ACCOUNTING FIRM AND THEIR REPORT THEREON, DATED JULY 25, 2019, STATED THEY WERE NOT AWARE OF ANY MATERIAL MODIFICATIONS THAT SHOULD BE MADE TO THOSE FINANCIAL STATEMENTS FOR THEM TO BE IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. HOWEVER, A REVIEW IS SUBSTANTIALLY LESS IN SCOPE THAN AN AUDIT AND DOES NOT PROVIDE A BASIS FOR THE EXPRESSION OF AN OPINION ON THE FINANCIAL STATEMENTS. THE SUMMARIZED COMPARATIVE INFORMATION PRESENTED HEREIN AS OF AND FOR THE YEAR ENDED JUNE 30, 2018, IS CONSISTENT, IN ALL MATERIAL RESPECTS, WITH THE REVIEWED FINANCIAL STATEMENTS FROM WHICH IT HAS BEEN DERIVED. AS A RESULT, GRANTS AND PLEDGES RECEIVABLE ACCOUNT WAS INCREASED BY \$300,000 FOR UNITED WAY CONTRIBUTIONS AND ACCOUNTS PAYABLE WAS INCREASED BY \$87,213 FOR NET ADJUSTMENT OF \$212,787.

FORM 990 PART XI LINE 2C

THE AUDIT COMMITTEE PERIODICALLY REVIEWS THE AUDIT SERVICES AND ROTATES IT. THE PROCESS IS IDENTICAL TO PRIOR YEAR.