

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning 07/01/19 , **and ending** 06/30/20

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	C Name of organization CHAMBERLIN HOUSE, INC.		D Employer identification number 93-0721567
	Doing business as		E Telephone number 541-967-7729
	Number and street (or P.O. box if mail is not delivered to street address) 421 WATER AVE., NE, SUITE 3100	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code ALBANY OR 97321		G Gross receipts\$ 5,172,479
F Name and address of principal officer: CARRIE HOWELL 421 WATER AVE., NE, SUITE 3100 ALBANY OR 97321		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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		H(c) Group exemption number ▶	
J Website: ▶ WWW.CHAMBERLINHOUSE.ORG		L Year of formation: 1978	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: OR	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH THE LIVES OF ADULTS CHALLENGED WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BY PROVIDING HOUSING AND OPPORTUNITIES TO LEARN, EXPERIENCE AND ACHIEVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,950	559,815
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,171,462	4,500,815
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,432	96,165
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,339,283	5,172,479
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,555,096	3,678,829
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	586,919	612,698
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,142,015	4,291,527	
19 Revenue less expenses. Subtract line 18 from line 12	197,268	880,952	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,119,409	6,067,558
	22 Net assets or fund balances. Subtract line 21 from line 20	147,021	307,185
		4,972,388	5,760,373

Part II Signature Block

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

Sign Here	Signature of officer	Date
	JOY HENKLE Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name GLEN O. KEARNS, CPA	Preparer's signature	Date 09/21/20	Check <input type="checkbox"/> if self-employed	PTIN P00129289
	Firm's name ▶ ACCUITY, LLC	Firm's EIN ▶ 45-4207980			
	Firm's address ▶ PO BOX 1072 ALBANY, OR 97321-0415	Phone no. 541-223-5555			

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENRICH THE LIVES OF ADULTS CHALLENGED WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BY PROVIDING HOUSING AND OPPORTUNITIES TO LEARN, EXPERIENCE AND ACHIEVE.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,476,807 including grants of \$) (Revenue \$ 4,500,815) CHAMBERLIN HOUSE INC. PROVIDES HOUSING AND SUPPORT SERVICES FOR INTELLECTUALLY AND DEVELOPMENTALLY DISABLED CITIZENS. CHAMBERLIN HOUSE INC. IS DEDICATED TO ENHANCING THE HUMAN EXPERIENCE OF EVERY PERSON INVOLVED WITH CHAMBERLIN HOUSE INC. BY MAXIMIZING ACHIEVEMENT POTENTIAL.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,476,807



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> (see instructions)?		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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 donor-restricted endowments or in 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> (see instructions)		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

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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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 reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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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 on 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 of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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 on 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?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

Table with 2 columns: Question, OR. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its 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 [X] Another's website [X] Upon request [] Other (explain on Schedule O); 19 Describe on 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.

CARRIE HOWELL
ALBANY

421 WATER AVENUE NE, SUITE 3100
OR 97321



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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDIE FOSTER-LUPKIN EXECUTIVE DIRECTOR	40.00 0.00						X	132,900	0	17,297
(2) CARRIE HOWELL EXECUTIVE DIRECTOR	40.00 0.00			X				85,455	0	8,692
(3) NANCY BAISINGER DIRECTOR	1.00 0.00	X						0	0	0
(4) ROLLAND BROWER DIRECTOR	1.00 0.00	X						0	0	0
(5) LIZ CARLE VICE-PRESIDENT	1.00 0.00	X						0	0	0
(6) DARLENE CHAMBERS DIRECTOR	1.00 0.00	X						0	0	0
(7) ELAINE CHAPMAN SECRETARY	1.00 0.00	X		X				0	0	0
(8) TERI CLARK DIRECTOR	1.00 0.00	X						0	0	0
(9) JOY HENKLE PRESIDENT	1.00 0.00	X		X				0	0	0
(10) AMY PRICE DIRECTOR	1.00 0.00	X						0	0	0
(11) DAVE SCHNEBLY TREASURER	1.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KATHLEEN WALKER	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							218,355		25,989	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							218,355		25,989	

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		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

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 **0**

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	559,615			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	200			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		559,815			
Program Service Revenue	2a GOVERNMENT CONTRACTS	Business Code	4,204,847	4,204,847		
	b TENANT ROOM & BOARD		266,057	266,057		
	c CLIENT SERVICES		29,911	29,911		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,500,815			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		96,165		96,165	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a MISCELLANEOUS REVENUE	Business Code	15,684	15,684		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		15,684			
12 Total revenue. See instructions		5,172,479	4,516,499	0	96,165	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,455		85,455	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	132,900		132,900	
7 Other salaries and wages	2,436,039	2,154,700	281,339	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	786,917	695,713	91,204	
10 Payroll taxes	237,518	192,646	44,872	
11 Fees for services (nonemployees):				
a Management				
b Legal	383		383	
c Accounting	28,391		28,391	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	16,881	16,881		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,504	7,960	3,544	
12 Advertising and promotion				
13 Office expenses	13,738	6,302	7,436	
14 Information technology				
15 Royalties				
16 Occupancy	138,829	84,043	54,786	
17 Travel	12,254	10,263	1,991	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,160	101,880	24,280	
23 Insurance	44,111	37,306	6,805	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	72,452	64,431	8,021	
b FOOD EXPENSE	66,604	65,503	1,101	
c HOUSEHOLD	32,565	30,641	1,924	
d DUES AND SUBSCRIPTIONS	19,157	3,222	15,935	
e All other expenses	29,669	5,316	24,353	
25 Total functional expenses. Add lines 1 through 24e	4,291,527	3,476,807	814,720	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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
Assets	1 Cash—non-interest-bearing	300,865	1	634,004
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	136,007	4	219,232
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,941	9	109,036
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,441,765		
	b Less: accumulated depreciation	10b 1,200,505	2,276,361	10c 2,241,260
	11 Investments—publicly traded securities	2,361,326	11	2,847,719
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,909	15	16,307
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,119,409	16	6,067,558	
Liabilities	17 Accounts payable and accrued expenses	37,249	17	20,368
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	128,730
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	109,772	25	158,087
	26 Total liabilities. Add lines 17 through 25	147,021	26	307,185
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,953,478	27	5,744,066
	28 Net assets with donor restrictions	18,910	28	16,307
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,972,388	32	5,760,373	
33 Total liabilities and net assets/fund balances	5,119,409	33	6,067,558	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,172,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,291,527
3	Revenue less expenses. Subtract line 2 from line 1	3	880,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,972,388
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-92,967
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,760,373

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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 on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public
Inspection**

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

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,875	2,500	4,317	2,950	559,815	571,457
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,275,386	3,805,009	4,143,334	4,180,901	4,516,499	19,921,129
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,277,261	3,807,509	4,147,651	4,183,851	5,076,314	20,492,586
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						20,492,586

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	3,277,261	3,807,509	4,147,651	4,183,851	5,076,314	20,492,586
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,808	7,015	14,507	147,832	96,165	270,327
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,808	7,015	14,507	147,832	96,165	270,327
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,282,069	3,814,524	4,162,158	4,331,683	5,172,479	20,762,913
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	98.70%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.78%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



Part IV Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

COPY

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 make 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 program
- 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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 Term 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		406,107		406,107
b Buildings		2,689,603	932,252	1,757,351
c Leasehold improvements				
d Equipment		346,055	268,253	77,802
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,241,260

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

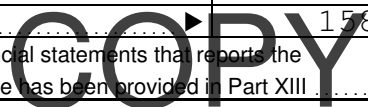
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL & TAXES	158,087
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,172,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	5,172,479
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,172,479

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

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

1	Total expenses and losses per audited financial statements		1	4,384,494
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	92,967	
e	Add lines 2a through 2d		2e	92,967
3	Subtract line 2e from line 1		3	4,291,527
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,291,527

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.

PART X - FIN 48 FOOTNOTE

CHAMBERLIN HOUSE, INC. IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THIS TAX-EXEMPT STATUS CAN BE REVOKED BY THE INTERNAL REVENUE SERVICE AS A RESULT OF DIRECT VIOLATIONS OF LAWS AND REGULATIONS GOVERNING 501(C)(3) ORGANIZATIONS. THE ORGANIZATION'S OPERATING POLICY REQUIRES STRICT ADHERENCE TO THESE LAWS AND REGULATIONS IN ORDER TO MAINTAIN ITS TAXEXEMPT STATUS. MANAGEMENT'S POLICY IS TO ENGAGE IN ACTIVITIES RELATED TO THEIR EXEMPT PURPOSE.

MANAGEMENT EVALUATES TAX POSITIONS ANNUALLY BASED ON THE GUIDANCE IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740. FASB ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR

Part XIII Supplemental Information (continued)

RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING, IN THE FINANCIAL STATEMENTS, TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS.

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
UNREALIZED LOSSES ON INVESTMENTS \$ 92,967

SCHEDULE J
(Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUDIE FOSTER-LUPKIN EXECUTIVE DIRECTOR	(i)	132,900	0	0	17,297	0	150,197	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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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 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COMPLETE COPY OF FORM 990 AND RELATED SCHEDULES WERE REVIEWED AND
APPROVED BY THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS ENFORCE THE CONFLICTS OF
INTEREST POLICY WHERE DEEMED NECESSARY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE
DIRECTOR'S COMPENSATION PACKAGE ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION PACKAGE
FOR KEY EMPLOYEES ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
CHAMBERLIN HOUSE, INC.'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
UNREALIZED LOSSES ON INVESTMENTS \$ -92,967

COPY

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

CHAMBERLIN HOUSE, INC.

Identifying number

93-0721567

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 1,020,000; Line 3: 2,550,000; Line 16: 126,160.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 16: 126,160.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 0.

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C. Line 20a: Class life; Line 20b: 12-year; Line 20c: 30-year; Line 20d: 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 126,160.

For Paperwork Reduction Act Notice, see separate instructions.



Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
6	Land - Sander	4/30/96	27,796				27,796	0	-- Land	0	0
7	House - Sander	4/30/96	76,044				76,044	20	MO S/L	76,044	0
9	Land - Robb	6/25/96	33,884				33,884	0	-- Land	0	0
10	House - Robb	6/25/96	83,544				83,544	20	MO S/L	83,544	0
12	Improvements	8/09/96	22,355				22,355	20	MO S/L	22,355	0
13	Improvements	8/09/96	14,535				14,535	20	MO S/L	14,535	0
17	Improvements	5/01/99	26,251				26,251	20	MO S/L	26,251	0
18	Land - Scheler	8/31/99	45,600				45,600	0	-- Land	0	0
19	House - Scheler	8/31/99	153,115				153,115	20	MO S/L	151,839	1,276
26	Furnace	12/18/00	6,453				6,453	20	MO S/L	5,969	323
28	Sewer	8/10/01	3,400				3,400	27	MO S/L	2,215	124
29	Land-Lehigh	3/31/04	61,600				61,600	0	-- Land	0	0
30	Lehigh House	3/31/04	137,597				137,597	20	MO S/L	104,918	6,880
33	Bldg Improvements	7/08/04	11,661				11,661	20	MO S/L	8,746	583
47	Sprinkler System	6/01/08	6,128				6,128	27	MO S/L	2,470	223
54	2000 GMC Bus	9/30/08	12,512				12,512	7	MO S/L	12,512	0
59	Security Alarm System	12/10/08	8,015				8,015	27	MO S/L	3,085	291
85	Remodel - Mitchell	12/03/09	49,460				49,460	39	MO S/L	12,154	1,268
91	Roof - Robb	2/28/10	9,995				9,995	18	MO S/L	5,183	555
121	New Furnace & A/C	1/18/11	7,922				7,922	15	MO S/L	4,445	528
128	New Roof	4/25/11	10,355				10,355	15	MO S/L	5,638	690
132	New Office	5/01/11	44,384				44,384	15	MO S/L	24,165	2,959
133	Remodel Kitchen & Bath	5/01/11	20,904				20,904	20	MO S/L	8,536	1,045
134	ADA Bathroom	5/05/11	76,228				76,228	20	MO S/L	31,126	3,812
140	ADA Bathroom	6/09/11	17,967				17,967	20	MO S/L	7,262	898
156	Activity Center	2/17/12	268,927				268,927	15	MO S/L	131,475	17,929
179	Construction - Robb House	2/25/13	15,672				15,672	20	MO S/L	4,963	783
180	Window Replacement	7/09/13	5,000				5,000	15	MO S/L	2,000	333
181	Roof	8/13/13	10,200				10,200	15	MO S/L	4,023	680
183	2006 Scion XB w/Lift	9/16/13	11,000				11,000	5	MO S/L	11,000	0
184	House Remodel - Robb	12/05/13	4,957				4,957	20	MO S/L	1,384	248
186	Fire Control	8/01/13	2,617				2,617	7	MO S/L	2,212	374
187	Phone System	12/16/14	5,646				5,646	5	MO S/L	5,081	565
188	Computer System	3/17/15	33,910				33,910	5	MO S/L	28,823	5,087
190	Fire Monitoring System	7/15/14	800				800	5	MO S/L	800	0
191	Washing Machine	1/25/15	1,699				1,699	5	MO S/L	1,501	198
192	Fire Monitoring System	7/15/14	800				800	5	MO S/L	800	0
193	Refrigerator	12/01/14	896				896	5	MO S/L	821	75
194	Sprinkler System	12/16/14	11,283				11,283	10	MO S/L	5,077	1,129
195	Fire Monitoring System	7/15/14	800				800	5	MO S/L	800	0
196	Sprinkler System	1/28/15	13,445				13,445	10	MO S/L	5,938	1,345
197	Fire Monitoring System	7/15/14	2,400				2,400	5	MO S/L	2,400	0
198	Dumpster Building Mitchell	4/05/16	6,245				6,245	15	MO S/L	1,353	416
199	Bathroom Remodel Lehigh	4/19/16	15,784				15,784	15	MO S/L	3,332	1,052
201	Concrete Work Sander	11/17/15	2,365				2,365	15	MO S/L	565	158
202	Concrete Work Scheler	11/01/15	4,015				4,015	15	MO S/L	981	268
204	2016 Ford Transit Van with Lift	3/22/16	60,305				60,305	7	MO S/L	27,999	8,615
205	2016 Ford Transit Van with Lift	3/22/16	60,305				60,305	7	MO S/L	27,999	8,615
206	2014 Dodge Grand Caravan	9/01/15	19,469				19,469	3	MO S/L	19,469	0
207	2014 Dodge Grand Caravan	9/01/15	19,574				19,574	3	MO S/L	19,574	0
208	2013 Dodge Grand Caravan	9/09/15	15,179				15,179	3	MO S/L	15,179	0
209	2014 Dodge Grand Caravan	9/09/15	19,219				19,219	3	MO S/L	19,219	0
210	2014 Dodge Grand Caravan	10/05/15	17,844				17,844	3	MO S/L	17,844	0
211	2014 Dodge Grand Caravan	10/05/15	17,353				17,353	3	MO S/L	17,353	0
213	Computer System - Team Leaders	1/19/16	1,545				1,545	3	MO S/L	1,545	0
214	Speed Queen Washer	3/03/16	1,699				1,699	3	MO S/L	1,699	0
215	Flooring - Nancy	1/18/17	8,597				8,597	15	MO S/L	1,385	573
216	Flooring - Goode	11/14/16	4,750				4,750	15	MO S/L	844	317
217	Flooring - Goode	10/13/16	4,750				4,750	15	MO S/L	871	317
218	Flooring - Robb	12/21/16	5,122				5,122	15	MO S/L	854	341
219	Kitchen Remodel - Lehigh	11/19/16	22,072				22,072	15	MO S/L	3,801	1,472
220	Handrail - Lehigh	11/19/16	4,240				4,240	15	MO S/L	730	283
221	Washer / Dryer Speed Queen	9/28/16	2,700				2,700	3	MO S/L	2,475	225
222	Washer / Dryer	2/01/17	2,650				2,650	3	MO S/L	2,135	515
223	Land - Goode	10/03/16	65,290				65,290	0	-- Land	0	0
224	House - Goode	10/03/16	159,848				159,848	20	MO S/L	21,979	7,993
225	Nancy - Land	12/14/16	66,539				66,539	0	-- Land	0	0
226	Nancy - House	12/14/16	179,902				179,902	20	MO S/L	23,237	8,995
227	Laundry/Hall/Bathroom Remodel	8/23/17	5,855				5,855	15	MO S/L	716	390
228	Manager Office Enclosure	11/24/17	2,875				2,875	15	MO S/L	303	192

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
229	Kitchen/Staff Area/Bathroom	8/23/17	41,041			41,041	15 MO S/L	5,016	2,736
230	Window w/door	11/24/17	7,648			7,648	15 MO S/L	807	510
231	Heat/AC Unit	1/30/18	2,305			2,305	15 MO S/L	218	153
232	Kyocera M3540 Copy System	7/11/17	2,396			2,396	5 MO S/L	958	480
233	Heat Pump	5/31/18	3,964			3,964	15 MO S/L	286	265
234	Kitchen/Bath Remodel	2/26/18	44,062			44,062	15 MO S/L	3,917	2,937
235	Kitchen Remodel	6/30/18	79,549			79,549	15 MO S/L	5,303	5,304
236	Fence & Handrail	2/26/18	2,685			2,685	15 MO S/L	239	179
237	Land - Salem Ave.	10/25/17	105,398			105,398	0 -- Land	0	0
238	2016 Chrysler Town & Country	10/17/18	19,294			19,294	7 MO S/L	1,838	2,756
239	Water Lines	5/07/19	6,790			6,790	20 MO S/L	57	339
240	House Addition/Bathroom Remodel	6/30/19	174,105			174,105	20 MO S/L	0	8,705
241	Ductwork & Insulation	6/30/19	4,275			4,275	20 MO S/L	0	214
242	Konica Minolta Bizhub C-224e	4/15/19	3,495			3,495	5 MO S/L	175	699
243	Flooring/Remodel-Laundry,staff,manager rc	2/28/20	40,942			40,942	15 MO S/L	0	910
244	Dar's Place- Full Build w/ landscaping	2/28/20	384,251			384,251	27 MO S/L	0	4,658
245	Chapman House- Full build w/ landscaping	2/28/20	357,115			357,115	27 MO S/L	0	4,329
246	Ductless System	5/19/20	8,600			8,600	15 MO S/L	0	48
Total Other Depreciation			<u>3,441,763</u>			<u>3,441,763</u>		<u>1,074,345</u>	<u>126,160</u>
Total ACRS and Other Depreciation			<u>3,441,763</u>			<u>3,441,763</u>		<u>1,074,345</u>	<u>126,160</u>
Grand Totals			3,441,763			3,441,763		1,074,345	126,160
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,441,763</u>			<u>3,441,763</u>		<u>1,074,345</u>	<u>126,160</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

COPY

Future Depreciation Report FYE: 6/30/21

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
6	Land - Sander	4/30/96	27,796	0	0
7	House - Sander	4/30/96	76,044	0	0
9	Land - Robb	6/25/96	33,884	0	0
10	House - Robb	6/25/96	83,544	0	0
12	Improvements	8/09/96	22,355	0	0
13	Improvements	8/09/96	14,535	0	0
17	Improvements	5/01/99	26,251	0	0
18	Land - Scheler	8/31/99	45,600	0	0
19	House - Scheler	8/31/99	153,115	0	0
26	Furnace	12/18/00	6,453	161	0
28	Sewer	8/10/01	3,400	123	0
29	Land-Lehigh	3/31/04	61,600	0	0
30	Lehigh House	3/31/04	137,597	6,879	0
33	Bldg Improvements	7/08/04	11,661	583	0
47	Sprinkler System	6/01/08	6,128	222	0
54	2000 GMC Bus	9/30/08	12,512	0	0
59	Security Alarm System	12/10/08	8,015	291	0
85	Remodel - Mitchell	12/03/09	49,460	1,268	0
91	Roof - Robb	2/28/10	9,995	555	0
121	New Furnace & A/C	1/18/11	7,922	528	0
128	New Roof	4/25/11	10,355	690	0
132	New Office	5/01/11	44,384	2,958	0
133	Remodel Kitchen & Bath	5/01/11	20,904	1,045	0
134	ADA Bathroom	5/05/11	76,228	3,811	0
140	ADA Bathroom	6/09/11	17,967	898	0
156	Activity Center	2/17/12	268,927	17,928	0
179	Construction - Robb House	2/25/13	15,672	784	0
180	Window Replacement	7/09/13	5,000	334	0
181	Roof	8/13/13	10,200	680	0
183	2006 Scion XB w/Lift	9/16/13	11,000	0	0
184	House Remodel - Robb	12/05/13	4,957	248	0
186	Fire Control	8/01/13	2,617	31	0
187	Phone System	12/16/14	5,646	0	0
188	Computer System	3/17/15	33,910	0	0
190	Fire Monitoring System	7/15/14	800	0	0
191	Washing Machine	1/25/15	1,699	0	0
192	Fire Monitoring System	7/15/14	800	0	0
193	Refrigerator	12/01/14	896	0	0
194	Sprinkler System	12/16/14	11,283	1,128	0
195	Fire Monitoring System	7/15/14	800	0	0
196	Sprinkler System	1/28/15	13,445	1,344	0
197	Fire Monitoring System	7/15/14	2,400	0	0
198	Dumpster Building Mitchell	4/05/16	6,245	417	0
199	Bathroom Remodel Lehigh	4/19/16	15,784	1,053	0
201	Concrete Work Sander	11/17/15	2,365	157	0
202	Concrete Work Scheler	11/01/15	4,015	268	0
204	2016 Ford Transist Van with Lift	3/22/16	60,305	8,615	0
205	2016 Ford Transit Van with Lift	3/22/16	60,305	8,615	0
206	2014 Dodge Grand Caravan	9/01/15	19,469	0	0
207	2014 Dodge Grand Caravan	9/01/15	19,574	0	0
208	2013 Dodge Grand Caravan	9/09/15	15,179	0	0
209	2014 Dodge Grand Caravan	9/09/15	19,219	0	0
210	2014 Dodge Grand Caravan	10/05/15	17,844	0	0
211	2014 Dodge Grand Caravan	10/05/15	17,353	0	0
213	Computer System - Team Leaders	1/19/16	1,545	0	0
214	Speed Queen Washer	3/03/16	1,699	0	0
215	Flooring - Nancy	1/18/17	8,597	573	0
216	Flooring - Goode	11/14/16	4,750	317	0
217	Flooring - Goode	10/13/16	4,750	316	0
218	Flooring - Robb	12/21/16	5,122	342	0
219	Kitchen Remodel - Lehigh	11/19/16	22,072	1,471	0
220	Handrail - Lehigh	11/19/16	4,240	283	0
221	Washer / Dryer Speed Queen	9/28/16	2,700	0	0
222	Washer / Dryer	2/01/17	2,650	0	0
223	Land - Goode	10/03/16	65,290	0	0
224	House - Goode	10/03/16	159,848	7,992	0
225	Nancy - Land	12/14/16	66,539	0	0
226	Nancy - House	12/14/16	179,902	8,996	0

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Future Depreciation Report FYE: 6/30/21
Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
227	Laundry/Hall/Bathroom Remodel	8/23/17	5,855	390	0
228	Manager Office Enclosure	11/24/17	2,875	192	0
229	Kitchen/Staff Area/Bathroom	8/23/17	41,041	2,736	0
230	Window w/door	11/24/17	7,648	510	0
231	Heat/AC Unit	1/30/18	2,305	154	0
232	Kyocera M3540 Copy System	7/11/17	2,396	479	0
233	Heat Pump	5/31/18	3,964	264	0
234	Kitchen/Bath Remodel	2/26/18	44,062	2,938	0
235	Kitchen Remodel	6/30/18	79,549	5,303	0
236	Fence & Handrail	2/26/18	2,685	179	0
237	Land - Salem Ave.	10/25/17	105,398	0	0
238	2016 Chrysler Town & Country	10/17/18	19,294	2,756	0
239	Water Lines	5/07/19	6,790	340	0
240	House Addition/Bathroom Remodel	6/30/19	174,105	8,706	0
241	Ductwork & Insulation	6/30/19	4,275	214	0
242	Konica Minolta Bizhub C-224e	4/15/19	3,495	699	0
243	Flooring/Remodel-Laundry,staff,manager rooms	2/28/20	40,942	2,729	0
244	Dar's Place- Full Build w/ landscaping	2/28/20	384,251	13,972	0
245	Chapman House- Full build w/ landscaping	2/28/20	357,115	12,986	0
246	Ductless System	5/19/20	8,600	573	0
Total Other Depreciation			<u>3,441,763</u>	<u>138,024</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,441,763</u>	<u>138,024</u>	<u>0</u>
Grand Totals			<u>3,441,763</u>	<u>138,024</u>	<u>0</u>

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Form **990****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20

Name

Taxpayer Identification Number

CHAMBERLIN HOUSE, INC.

93-0721567

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	2,950	200	-2,750
	2. Membership dues and assessments			
	3. Government contributions and grants		559,615	559,615
	4. Program service revenue	4,171,462	4,500,815	329,353
	5. Investment income	147,832	96,165	-51,667
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	7,600		-7,600
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	9,439	15,684	6,245
	12. Total revenue. Add lines 1 through 11	4,339,283	5,172,479	833,196
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	128,400	85,455	-42,945
	16. Salaries, other compensation, and employee benefits	3,426,696	3,593,374	166,678
	17. Professional fundraising fees			
	18. Other professional fees	43,321	57,159	13,838
	19. Occupancy, rent, utilities, and maintenance	132,306	138,829	6,523
	20. Depreciation and Depletion	125,792	126,160	368
	21. Other expenses	285,500	290,550	5,050
	22. Total expenses. Add lines 13 through 21	4,142,015	4,291,527	149,512
23. Excess or (Deficit). Subtract line 22 from line 12	197,268	880,952	683,684	
Other Information	24. Total exempt revenue	4,339,283	5,172,479	833,196
	25. Total unrelated revenue			
	26. Total excludable revenue	4,336,333	4,612,664	276,331
	27. Total assets	5,119,409	6,067,558	948,149
	28. Total liabilities	147,021	307,185	160,164
	29. Retained earnings	4,972,388	5,760,373	787,985
	30. Number of voting members of governing body	10	10	
31. Number of independent voting members of governing body	10	10		
32. Number of employees	98	70		
33. Number of volunteers	10	10		

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Form **990****Tax Return History****2019**

Name

CHAMBERLIN HOUSE, INC.

Employer Identification Number

93-0721567

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,875	2,500	4,317	2,950	559,815	
Membership dues						
Program service revenue	3,250,044	3,797,726	4,134,178	4,171,462	4,500,815	
Capital gain or loss	20,100	423	64,341	7,600		
Investment income	4,808	7,015	14,507	147,832	96,165	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	25,342	7,283	9,156	9,439	15,684	
Total revenue	3,302,169	3,814,947	4,226,499	4,339,283	5,172,479	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	118,664	117,875	122,202	128,400	85,455	
Other compensation	2,417,878	2,649,044	2,888,837	3,426,696	3,593,374	
Professional fees	49,666	51,060	55,306	43,321	57,159	
Occupancy costs	116,785	122,690	124,869	132,306	138,829	
Depreciation and depletion	122,633	146,355	147,090	125,792	126,160	
Other expenses	234,077	265,047	263,597	285,500	290,550	
Total expenses	3,059,703	3,352,071	3,601,901	4,142,015	4,291,527	
Excess or (Deficit)	242,466	462,876	624,598	197,268	880,952	
Total exempt revenue	3,302,169	3,814,947	4,226,499	4,339,283	5,172,479	
Total unrelated revenue						
Total excludable revenue	3,300,294	3,812,447	4,222,182	4,336,333	4,612,664	
Total Assets	3,642,118	4,243,745	4,974,571	5,119,409	6,067,558	
Total Liabilities	84,978	103,463	118,526	147,021	307,185	
Net Fund Balances	3,557,140	4,140,282	4,856,045	4,972,388	5,760,373	

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Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT EARNINGS	\$ <u>96,165</u>		14			
TOTAL	\$ <u><u>96,165</u></u>					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 11,504	\$ 7,960	\$ 3,544	\$
TOTAL	\$ 11,504	\$ 7,960	\$ 3,544	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TRAINING	\$ 16,724	\$ 1,987	\$ 14,737	\$
RECRUITING	8,381		8,381	
MISCELLANEOUS	4,414	3,329	1,085	
BOARD EXPENSES	150		150	
TOTAL	\$ 29,669	\$ 5,316	\$ 24,353	\$ 0

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Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
CONTRIBUTIONS	\$ 559,615
TOTAL	200
	\$ 559,815

Schedule A, Part III, Line 2(e)

Description	Amount
GOVERNMENT CONTRACTS	\$ 4,204,847
TENANT ROOM & BOARD	266,057
CLIENT SERVICES	29,911
MISCELLANEOUS REVENUE	15,684
TOTAL	\$ 4,516,499

Schedule A, Part III, Line 10a(e)

Description	Amount
INVESTMENT EARNINGS	\$ 96,165
TOTAL	\$ 96,165

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