

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
ATTACK POVERTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3727 GREENBRIAR DR

City or town, state or province, country, and ZIP or foreign postal code
STAFFORD, TX 77477

D Employer identification number
45-2401548

E Telephone number
(832) 847-4379

G Gross receipts \$ 7,789,098

F Name and address of principal officer:
LYNN KRAUSS
PO BOX 1509
RICHMOND, TX 77406

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW. ATTACKPVERTY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2011

M State of legal domicile: TX

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	51
6 Total number of volunteers (estimate if necessary)	6	4,335
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 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,771,954	7,618,255
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170	14,089
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,832	121,067
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,809,956	7,753,411
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,167,190	1,712,735
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶298,651		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,864,690	2,620,444
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,031,880	4,333,179
19 Revenue less expenses. Subtract line 18 from line 12	778,076	3,420,232
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,136,276	5,792,806
21 Total liabilities (Part X, line 26)	175,202	198,713
22 Net assets or fund balances. Subtract line 21 from line 20	1,961,074	5,594,093

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-07-10

LYNN KRAUSS BOARD TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-07-10	Check <input type="checkbox"/> if self-employed	PTIN P00082729
Firm's name ▶ NERIMAN GUVEN PLLC			Firm's EIN ▶ 81-1776934	
Firm's address ▶ 12042 BLANCO ROAD SUITE 305 SAN ANTONIO, TX 78216			Phone no. (210) 852-4727	

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 STRENGTHEN UNDER-RESOURCED COMMUNITIES THROUGH SPIRITUAL GROWTH, EDUCATIONS, REVITALIZATION AND BASIC NEEDS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,438,973 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 119,981 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 51,060 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a 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 in 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 or 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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, Answer. 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RICHARD LOGAN 230 COLLINS RD RICHMOND, TX 77469 (832) 847-4379

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 2,631,720			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,986,535			
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		7,618,255		

Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue.					
9 Total. Add lines 2a-2f						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		690			690	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			15,588				
		b Less: rental expenses		0			
		c Rental income or (loss)		15,588			
	d Net rental income or (loss)		15,588	15,588			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				13,399			
		b Less: cost or other basis and sales expenses		0			
		c Gain or (loss)		13,399			
	d Net gain or (loss)		13,399	13,399			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		136,236			
		b Less: direct expenses	b	35,687			
c Net income or (loss) from fundraising events			100,549			100,549	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE	900099	4,930	4,930				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		4,930					
12 Total revenue. See Instructions.		7,753,411	33,917	0	101,239		

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,753,411
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,333,179
3	Revenue less expenses. Subtract line 2 from line 1	3	3,420,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,961,074
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	212,787
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,594,093

Part XII Financial Statements and Reporting

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

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

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

Software ID:**Software Version:****EIN:** 45-2401548**Name:** ATTACK POVERTY

Form 990 (2018)

Form 990, Part III, Line 4a:

LOCATION SERVICES WE ARE A GLOBAL ORGANIZATION THAT SERVES LOCALLY, ADOPTING POCKETS OF POVERTY AND LAUNCHING WHAT WE CALL 'FRIENDS COMMUNITIES'. THESE COMMUNITIES ARE LONG-TERM COMMITMENTS THAT REQUIRE MUTUAL RELATIONSHIPS AND COLLABORATIVE EFFORTS WITH LOCAL ORGANIZATIONS, CHURCHES, RESIDENTS, AND STAKEHOLDERS COMMITTED TO COMMUNITY TRANSFORMATION. OVERALL, WE WORKED WITH 4355 VOLUNTEERS, 25633 VOLUNTEER HOURS AND SERVED 21,232 INDIVIDUALS. FRIENDS OF NORTH RICHMOND THROUGH YOU CAN ACADEMY WE ENROLLED 50 CHILDREN AT PINK ELEMENTARY WHILE ALSO PROVIDING IN SCHOOL SUPPORT TO THE STAFF AND ADMINISTRATION. 45 STUDENTS COMPLETED THE PROGRAM. WE PROVIDED SUMMER PROGRAMMING TO 24 STUDENTS. THROUGH OUR ADULT EDUCATION SERVICES, WE ENROLLED AND EMPOWERED 187 ADULTS. THIS INCLUDED COMPUTER CLASSES, ESL, FAITH AND FINANCE WORKSHOPS, GED AND JOBS FOR LIFE. LASTLY, WE SERVED 1,061 INDIVIDUALS THROUGH OUR COMMUNITY REVITALIZATION, EVENTS, AND ENGAGEMENT EFFORTS. MISSION WEEK SERVED 148 CHILDREN. WE ALSO HAD 2023 VOLUNTEER HOURS ON 17 HURRICANE HARVEY RECOVERY. FRIENDS OF SUNDOWN THROUGH YOU CAN ACADEMY WE ENROLLED 46 CHILDREN WITH 33 COMPLETING THE PROGRAM. WE WERE ALSO ABLE TO PROVIDE IN SCHOOL SUPPORT TO THE STAFF AND ADMINISTRATION ALONGSIDE YOU CAN ACADEMY AT SUNDOWN ELEMENTARY. THROUGH OUR ADULT EDUCATION SERVICES, WE ENROLLED AND EMPOWERED 45 ADULTS. LASTLY, WE SERVED 548 INDIVIDUALS THROUGH OUR COMMUNITY REVITALIZATION, EVENTS, AND ENGAGEMENT EFFORTS. MISSION WEEK SERVED 101 CHILDREN. FRIENDS OF NORTH RICHMOND THROUGH YOU CAN ACADEMY WE ENROLLED 36 CHILDREN AT JACKSON ELEMENTARY WHILE ALSO PROVIDING IN SCHOOL SUPPORT TO THE STAFF AND ADMINISTRATION. 32 STUDENTS COMPLETED THE YOU CAN ACADEMY PROGRAM. AND, THE IN-SCHOOL SUPPORT SERVICES WE PROVIDED INCLUDED EVENT ASSISTANCE, STANDARDIZED TESTING PREP FOR TEACHERS AND TEACHER APPRECIATION BREAKFASTS. THROUGH OUR ADULT EDUCATION SERVICES, WE ENROLLED AND EMPOWERED 42 ADULTS. THIS INCLUDED COMPUTER CLASSES, ESL, AND GED. LASTLY, WE SERVED 1,088 INDIVIDUALS THROUGH OUR COMMUNITY REVITALIZATION, EVENTS, AND ENGAGEMENT EFFORTS. MISSION WEEK SERVED 44 CHILDREN AND 4 REVITALIZATION PROJECTS. WE ALSO HAD 2343 VOLUNTEER HOURS ON 44 HURRICANE HARVEY RECOVERY PROJECTS. WE HOSTED A THANKSGIVING EVENT CALLED BREAKING BREAD WITH 412 PARTICIPANTS. OTHER EVENTS INCLUDED HOPE AFTER HARVEY, A GAME NIGHT IN OUR COMMUNITY GARDEN, A COOK-OUT WITH THE COPS AND NATIONAL NIGHT OUT. FRIENDS OF NORTHSIDE- IN HOUSTON, TX, WE SERVE IN THE NORTHSIDE COMMUNITY. WE SERVED 22 CHILDREN THROUGH YOU CAN ACADEMY, 5 OF WHOM COMPLETED THE PROGRAM. WE FOCUSED OUR IN SCHOOL SUPPORT EFFORTS AT CLEMENTE MARTINEZ ELEMENTARY SCHOOL BY MEETING THE NEEDS OF TEACHERS AND STUDENTS. THROUGH OUR ADULT EDUCATION PROGRAMS, WE WERE ABLE TO EMPOWER 22 ADULTS. WITHIN OUR COMMUNITY REVITALIZATION, ENGAGEMENT, AND EVENTS (CREE) EFFORTS, WE WERE ABLE TO IMPACT 565 INDIVIDUALS. THROUGH MISSION WEEK, AN ASPECT OF CREE, WE WERE ABLE TO SERVE 74 CHILDREN WITH 148 VOLUNTEERS AND 719 VOLUNTEER HOURS. LASTLY, THROUGH REVITALIZATION, SPECIFICALLY HARVEY RECOVERY, WE HOSTED 10 DIFFERENT PROJECTS WITH 23 VOLUNTEERS AND 289 VOLUNTEER HOURS. MERCY GOODS IS A SOCIAL ENTERPRISE OF ATTACK POVERTY. THESE ARE BUSINESSES THAT ADDRESS A BASIC UNMET NEED OR SOLVES A SOCIAL OR ENVIRONMENTAL PROBLEM THROUGH A MARKET-DRIVEN APPROACH. THERE ARE THREE GENERAL SOCIAL ENTERPRISE MODELS: OPPORTUNITY EMPLOYMENT, TRANSFORMATIVE PRODUCTS OR SERVICES, AND DONATE BACK. ALL CAN BE A POWERFUL WAY TO ADVANCE AN ORGANIZATION'S SOCIAL MISSION AND FINANCIAL STABILITY. MERCY GOODS EXISTS TO CREATE EMPLOYMENT, JOB-TRAINING, AND MENTORSHIP OPPORTUNITIES FOR AT-RISK YOUTH. WE EMPLOY HIGH SCHOOL STUDENTS IN ORDER TO REDUCE THE DROPOUT RATE AND PROVIDE A QUALITY WORK ENVIRONMENT. MERCY GOODS EMPLOYED 6 AT RISK YOUTH AND HAD 61 VOLUNTEERS WITH 221 VOLUNTEER HOURS. FRIENDS OF UGANDA: IN UGANDA WE SERVE IN TWO LOCATIONS: RUSHERE AND BUKEMERO. WE HAD 227 VOLUNTEERS WITH 367 VOLUNTEER HOURS. WE SERVED 329 CHILDREN AND 47 ADULTS. LASTLY, WE WERE ABLE TO PROVIDE COMMUNITY SERVICE EFFORTS TO 2,188 INDIVIDUALS. OUR FRIENDS HAVE PAID FOR AN EXPANSION OF THEIR CHURCH SHELTER AND NOW CAN SEAT 400 DURING SUNDAY SERVICES. THEY ALSO PERFORMED KEY REVITALIZATION ON THE PROPERTY INCLUDING A NEW KITCHEN STRUCTURE. WITH THE SCHOOL'S SURPLUS FUNDS, ADDITIONS WERE MADE TO RUSHERE CHRISTIAN HIGH SCHOOL, INCLUDING TEACHER'S QUARTERS, A SCIENCE LAB, COMPUTER LAB, AND A LIBRARY. A BOY'S DORMITORY WAS BUILT WHICH ENABLES THE BOYS TO STAY ON THE PREMISES INSTEAD OF IN TOWN. IN BUKOMERO, WORKING WITH PASTOR GERALD AND CHOSEN CHURCH, CASSAVA SEEDS WERE DISTRIBUTED TO 23 FAMILIES AND THEIR HARVEST WAS ABUNDANT. WOMEN ARE LEARNING ABOUT HOME-BASED SKILLS THEY CAN USE TO PROVIDE AN INCOME. MERCY MINISTRY IS SUPPORTING VULNERABLE FAMILIES AND THE ELDERLY BY PROVIDING BASIC NEEDS LIKE SUGAR, SALT, FOOD, CLOTHES AND SHOES. THERE IS A GREAT NEED FOR BOOKS, SCHOOL SUPPLIES AND UNIFORMS FOR CHILDREN. THE ELDERLY NEED HELP BUILDING TOILETS AND STANDARD HOUSES TO LIVE IN. LASTLY, WE HOSTED AN INTERNATIONAL MEDIAL MISSION TRIP. FRIENDS OF INDIA: IN INDIA WE SERVE THROUGH AN AFFILIATE, HOUSE OF LOVE ORPHANAGE WHERE WE SERVE 55 CHILDREN. WE WERE ALSO ABLE TO SERVE 170 ADULTS THROUGH OUR ADULT EDUCATION PROGRAMS AND 9,581 INDIVIDUALS THROUGH COMMUNITY SERVICE EFFORTS TO 9,581 INDIVIDUALS. WE HAD 860 VOLUNTEERS AS WELL. IN INDIA, ORPHANED AND ABANDONED CHILDREN FACE HUNGER, HOMELESSNESS, VIOLENCE, TRAFFICKING, ABUSE, ENSLAVEMENT BY EMPLOYERS, AND EXPLOITATION BY POLICE AND OTHERS. AT THE HOUSE OF LOVE, CHILDREN NO LONGER LIVE IN FEAR OF HOMELESSNESS. THEY ARE PROTECTED, NURTURED, AND EDUCATED. THESE CHILDREN ARE THRIVING! THEY HAVE WON AWARDS IN ACADEMICS AND CULTURAL ARTS AND ARE BEING WELL EQUIPPED TO SEEK HIGHER EDUCATION. OUR TEAM IS WORKING ON LONG-TERM GOALS WITH COMMUNITY LEADERS. THEY HAVE IDENTIFIED THE FOLLOWING GOALS: TO BRING THE HOUSE OF LOVE TO SELF-SUFFICIENCY, TO DISCOVER OBSTACLES IN THE CULTURE AND LOCAL AREA, AND TO EXPLORE POSSIBLE SOLUTIONS, AND TO IMPROVE RELATIONS BETWEEN DIFFERENT FAITH GROUPS IN THE AREA. ATTACK POVERTY EAST ASIA: OVER THE PAST YEAR WE HAVE BEEN BUSY ESTABLISHING AN OFFICE IN HONG KONG AND WORKING WITH INDIGENOUS LEADERS. THROUGH LISTENING, COLLABORATIVE PARTNERSHIPS, AND EQUIPPING STRATEGIES, WE ARE GROWING IN OUR PRESENCE IN EAST ASIA AS WELL AS AWARENESS OF LOCAL OPPORTUNITIES FOR TRANSFORMATION. IN SMALL WAYS, WHETHER IT'S SUPPLYING A MOTORCYCLE FOR A LOCAL PASTOR, PROVIDING TRAINING FOR COMMUNITY DEVELOPMENT LEADERS, OR SITTING WITH CHILDREN THAT HAVE BEEN RIPPED FROM THEIR PARENTS, WE ARE SEEING A HUGE IMPACT.

Form 990, Part III, Line 4b:

CHILD SERVICES THIS WAS A PHENOMENAL YEAR. 4,273 STUDENTS PARTICIPATED IN OUR PROGRAMS. WE SAW A 21% INCREASE IN THE STUDENT'S GRATES AND 89% OF THE STUDENTS PERFORMED AT, ABOVE OR WELL ABOVE EXPECTED GRADE LEVELS. YOU CAN ACADEMY IS MORE THAN JUST AN AFTER-SCHOOL PROGRAM, IT PROVIDES A SAFE AND POSITIVE ENVIRONMENT WHERE STUDENTS CAN ENJOY ACTIVITIES THAT STRENGTHEN THEIR ACADEMIC AND CRITICAL THINKING SKILLS, ENCOURAGE POSITIVE CHARACTER DEVELOPMENT AND BENEFIT FROM CONSTRUCTIVE EDUCATIONAL ACTIVITIES SUPERVISED BY RESPONSIBLE, TRAINED VOLUNTEERS. OUR GOAL IS TO SUPPORT TUTORIALS IN MATH, READING, AND ENGLISH LANGUAGE ARTS THROUGH PARTNERING WITH ACADEMIC OBJECTIVES INTRODUCED AND REVIEWED AT OUR LOCAL PARTNER SCHOOL. ATTACK POVERTY BELIEVES FAMILIES SHOULD HAVE ACCESS TO QUALITY CARE WHILE BOOSTING THEIR LEARNING ABILITY. WE USE A HOLISTIC APPROACH AND CARE FOR THE WHOLE PERSON. YCA STUDENTS ARE PROVIDED A HEALTHY SNACK OR MEAL, ARE TAUGHT ABOUT NUTRITION, HEALTHY EATING AND FITNESS. WE ADDRESS BEHAVIORAL ISSUES, PARTICIPATE IN SPECIAL PROJECTS AND EVEN TEACH TECHNIQUES ON REDUCING STRESS TO ALLOW STUDENTS TO FOCUS THEIR ATTENTION ON THEIR SCHOOLWORK. THIS YEAR, WE LAUNCHED OUR FIRST YCA AT THE MIDDLE SCHOOL LEVEL. WE FOUND THAT MIDDLE SCHOOLERS FACE A UNIQUE SET OF ISSUES AND SAFETY IS A MAJOR CONCERN. THEY FACE LIFE AND DEATH SITUATIONS ON A REGULAR BASIS, AS WE SAW WHEN A YOUTH (FORMER STUDENT) WAS STABBED AT AN APARTMENT COMPLEX BEHIND THE SCHOOL, AND LATER DIED ON CAMPUS. WE RESPONDED BY HAVING VOLUNTEERS WALK THE HALLS IN PRAYER AND ALSO PRAYED WITH STAFF AND STUDENTS UNTIL COUNSELORS WERE ABLE TO STEP IN. WE ALSO PROVIDE IN SCHOOL SUPPORT AND MENTORING IN SCHOOLS. OUR IN SCHOOL SUPPORT PROGRAMS VARY DEPENDING ON THE SPECIFIC NEEDS OF THE SCHOOLS WE PARTNER WITH. WE ASSIST WITH THINGS LIKE VISION SCREENINGS, TEACHER WORK ROOM DUTIES, SHELVING BOOKS IN THE LIBRARY, AND HOSTING TEACHER APPRECIATION DAYS. WE PARTNERED WITH OTHERS TO PROVIDE RUNNING SHOES TO A GIRLS RUNNING TEAM AND HOSTED A 5K WHERE THEY WERE ABLE TO TAKE PART IN A GIRLS ON THE RUN RACE. WE TRAINED PARENTS ON HOW TO VOLUNTEER AND PARTICIPATE IN SCHOOL ACTIVITIES. THROUGH THE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORT (PBIS) PROGRAM, WE ENCOURAGED GOOD BEHAVIOR BY HOSTING THE ARMADILLO OF THE MONTH. EACH MONTH, ONE STUDENT PER GRADE IS RECOGNIZED FOR THEIR EXEMPLARY BEHAVIOR. WE PARTICIPATED IN PROGRAMS SUCH AS THE KEYS MENTORING PROGRAM, THE JUNIOR ACHIEVEMENT PROGRAM (WHICH TEACHES KINDERGARTEN STUDENTS ABOUT MAKING SMART FINANCIAL DECISIONS), AND ONE THAT TEACHES STRESS REDUCING TECHNIQUES TO CHILDREN PREPARING FOR TESTS. OUR VOLUNTEERS SERVE AS MENTORS AT SEVERAL SCHOOLS WITHIN OUR COMMUNITIES, BOTH ELEMENTARY AND MIDDLE SCHOOL. AT ONE MIDDLE SCHOOL, TWENTY-FOUR VOLUNTEERS FROM GRACE PRESBYTERIAN, A PARTNER AT THE FRIENDS OF WESTCHASE, MENTORED 24 STUDENTS ON A WEEKLY BASIS THROUGHOUT THE SCHOOL YEAR. WE REACHED OUR CAPACITY AND HAD TO PUT 40 ADDITIONAL STUDENTS ON A WAITING LIST. THE STUDENTS HEARD FROM THEIR PEERS HOW GREAT IT WAS TO HAVE A MENTOR. MANY STUDENTS COME FROM A SINGLE PARENT HOME, OR MAY EVEN BE RAISED BY A RELATIVE, LEAVING A GAP IN QUALITY ROLE MODELS. STUDENTS ON THE WAITING LIST WERE HEARD SAYING THAT THEY "WANT SOME OF THAT GRACE". THIS SCHOOL YEAR, MENTORING HAS BECOME A CLASS ELECTIVE OFFERED 3 DAYS A WEEK. WE HOPE TO BE ABLE TO ACCOMMODATE THOSE ADDITIONAL FORTY STUDENTS SO THAT THEY TOO MAY FEEL VALUED AND CARED FOR WHILE BEING MENTORED BY MATURE CHRISTIAN ADULTS WHO CAN BUILD, STRONG, HEALTHY RELATIONSHIPS

Form 990, Part III, Line 4c:

ADULT SERVICES WE BELIEVE EACH PERSON IS CREATED IN THE IMAGE OF GOD AND IS DESIGNED WITH PURPOSE. HOWEVER, WE ARE ALL BROKEN AND SOMETIMES NEED TO REESTABLISH OUR PRIORITIES AND RE-ALIGN OUR PURPOSE WITH GOD'S PURPOSE FOR US AND IN THE WORLD AROUND US. GOD HAS A PLAN! (JEREMIAH 29:11). THIS PLAN PLAYED OUT IN THE JOB PREPAREDNESS CLASS AS WE SAW 93% OF THE STUDENTS COMPLETE THE CLASS RECEIVE JOBS. 82% OF THOSE STUDENTS HAD AT LEAST ONE JOB INTERVIEW AND 94% HAD APPLIED FOR JOBS BY THE END OF THE SEMESTER. IN THE GED PROGRAM 75% OF THE STUDENTS PASSED AND 6 STUDENTS EARNED THEIR GED.THE ADULT CONTINUING EDUCATION CLASSES ALLOW ADULTS THE OPPORTUNITY TO RECLAIM THEIR PURPOSE THROUGH OFFERING A HAND-UP, NOT A HAND OUT. WE KNOW THAT THROUGH EDUCATIONAL OPPORTUNITIES, WE ARE EMPOWERED TO TAKE THAT NEXT STEP! HOWEVER, WE MUST OWN THIS PROCESS AND TAKE RESPONSIBILITY FOR OUR ACTIONS.EACH ADULT CONTINUING EDUCATION COURSE OFFERS INDIVIDUALS THE TOOLS NEEDED TO TAKE THE OPPORTUNITY TO BE EMPOWERED AND BREAK THE CYCLES THAT HAVE BECOME A ROADBLOCK FOR THE FUTURE.WHILE OFFERING THE NECESSARY TOOLS TO BE EMPOWERED AND TAKE THE NEXT STEP, EACH CLASS ALSO INVITES INDIVIDUALS TO EXAMINE THEIR PERSONAL RELATIONSHIP WITH GOD. AS WE HAVE MENTIONED BEFORE, EVERYONE IS MADE IN THE IMAGE OF GOD. WE UNDERSTAND THAT PART OF THE PROCESS TO BREAK THE CYCLE IS TO BUILD A STRONGER (AND GENUINE) RELATIONSHIP WITH GOD, WITH OTHERS, AND THE WORLD AROUND US. WE MUST ADDRESS THIS BROKENNESS AS WELL AS THE EDUCATIONAL CHALLENGES IN ORDER TO BEGIN THE JOURNEY TOWARDS FULL TRANSFORMATION.JOBS FOR LIFE HELPS PREPARE MEN AND WOMEN FOR MEANINGFUL WORK THROUGH HONEST RELATIONSHIPS, MENTORING, WORK-FORCE DEVELOPMENT TRAINING, AND AN ONGOING COMMUNITY OF SUPPORT WHILE ADDRESSING THE ROOT CAUSES OF UNEMPLOYMENT.WHETHER IT IS THROUGH FINANCIAL LITERACY, JOB READINESS, GED PREP, ESL CLASS, OR OUR COMPUTER EDUCATION CLASSES, WE BELIEVE THAT INDIVIDUALS ARE WORKING TO CREATE A BETTER FUTURE FOR THEMSELVES AND THEIR FAMILY. IN THE END, WE TRUST THAT THOSE DILIGENTLY COMMITTED TO THE PROCESS WILL BE EMPOWERED AND FULL OF DIGNITY. WE HOPE THAT BY THE END OF EACH ONE OF OUR COURSES, WE HEAR SOMEONE SAY, "I AM EMPOWERED!"

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 2,038,682 including grants of \$) (Revenue \$)

DISASTER RECOVERY DISASTER RECOVERY (DR) IS A DEPARTMENT IN AP THAT FOSTERS TRANSFORMATION AND EMPOWERS RESIDENTS TO TAKE CHARGE OF THEIR RECOVERY AND HOME REPAIRS WHILE PURSUING HONEST AND TRANSPARENT RELATIONSHIPS THAT BUILD TRUST AND RESULT IN THE INCREASED CAPACITY OF OTHERS. IN THE PAST YEAR WE WERE ABLE TO IMPACT 703 INDIVIDUALS. WE LAUNCHED 269 NEW PROJECTS AND HAVE CURRENTLY FINISHED 310 OF THEM. APDR SERVES IN COMMUNITIES WHERE AN AP LOCATION CURRENTLY LIES, AND SERVES IN DISASTERS BY PARTNERING WITH LONG-TERM RECOVERY GROUPS (LTRGS), OBTAINING FUNDING, RECEIVING REFERRALS, ADVOCATING FOR RESIDENTS, ASSESSING AND REPAIRING HOMES, AND MUCH MORE. WHEN A DISASTER OCCURS IN AN AREA IN WHICH AP IS LOCATED, (DOMESTICALLY AND INTERNATIONALLY), APDR WILL WALK ALONGSIDE TRAINED TEAMS TO PROVIDE NECESSARY SUPPORT FOR A PERIOD OF TIME. ONCE THE TEAM HAS SERVED THEIR PURPOSE, THEY WILL TURN THEIR EFFORTS OVER TO BE LED BY THE COMMUNITY AND LOCATION STAFF. TRAININGS ARE DEVELOPED FOR AP STAFF, COMMUNITIES, AND RECOVERY ORGANIZATIONS. AP OFFICE AND LOCATION DIRECTORS ARE TRAINED ON THE DR PROCESSES SUCH AS HOME REPAIR, DATA MANAGEMENT, AND HOW TO ADVOCATE FOR COMMUNITIES IN A DISASTER. OTHER TRAININGS SUCH AS HEALING FROM DISASTERS, PREPARATION BEFORE THE STORM, DURING THE STORM, AND BASIC HOME REPAIR WILL BE OFFERED TO CHURCHES, NGOS. LTRGS, VOLUNTEERS, COMMUNITY RESIDENTS, MILITARY VETERANS, AND FEDERAL & LOCAL GOVERNMENTS. IN ADDITION TO DISASTERS, ATTACK POVERTY HAS RECOGNIZED THE NEED FOR REVITALIZATION THROUGHOUT THE COUNTIES IN WHICH WE SERVE AND HAVE COMMITTED TO ADVOCATE FOR THESE HOME REPAIR NEEDS. THIS ALLOWS APDR TO CONTINUE THEIR WORK CREATING SAFE AND SECURE HOMES FOR UNDER-RESOURCED COMMUNITIES.

(Code:) (Expenses \$ 102,784 including grants of \$) (Revenue \$)

COMMUNITY REVITALIZATION IT'S ABOUT RELATIONSHIPS. GENERATIONAL POVERTY CANNOT BE CHANGED WITH SMALL, SOFT-HEARTED PLANS. IT MUST BE DIRECTLY ADDRESSED WITH GREAT INTENTION THROUGH MUTUAL RELATIONSHIPS. IT IS A COMPLICATED SPIRITUAL, RELATIONAL, MENTAL-ATTITUDE, EDUCATIONAL AND FINANCIAL ISSUE. ATTACK POVERTY PROVIDES HOME REPAIR SERVICES FOR LOW INCOME, ELDERLY AND/OR DISABLED HOMEOWNER LOCATED WITHIN THE COMMUNITIES WE SERVE. THERE IS NEVER A CHARGE TO THE HOMEOWNER. OUR GOAL IS TO PROVIDE CRITICAL HOME REPAIRS FOR PEOPLE WITH NO MEANS TO MAKE THE REPAIRS THEMSELVES. ALL REPAIRS MUST BE NECESSARY AND POSITIVELY INFLUENCE THE QUALITY OF LIFE, HEALTH AND SAFETY OF THE OCCUPANTS. COMMUNITY ENGAGEMENT PROGRAMS AND EVENTS VARY BY LOCATION. WHETHER IT'S A COMMUNITY GARDEN, A BIBLE STUDY, PRAYER WALLS, A FESTIVAL OR EVENT, OR COMMUNITY LISTENING, ENGAGING WITH MEMBERS OF THE COMMUNITY IS VITAL TO THE HOLISTIC APPROACH TO YOU COMMUNITY DEVELOPMENT. COMMUNITY REVITALIZATION BRINGS INDIVIDUALS WITHIN THE COMMUNITY TOGETHER TO WORK COLLABORATIVELY TO AWAKEN POTENTIAL AND PROVOKE TRANSFORMATION. THIS EFFORT INCLUDES COMMUNITY ENGAGEMENT, EVENTS AND PROJECTS TO BRING REVITALIZATION AROUND SPECIFIC BEATIFICATION PROJECTS. THESE ACTIVITIES ALLOW EXPANSION IN OUR OTHER SERVICE AREAS LIKE CHILD SERVICES AND ADULT EDUCATION. DURING THE COURSE OF THIS YEAR WE FOCUSED ON HOME REPAIR, MISSION WEEK, COMMUNITY LISTENING, AND FAMILY NIGHTS. IN MISSION WEEK ALONE THERE WERE 1,254 PARTICIPANTS AND 665 VOLUNTEERS. REVITALIZATION PROJECTS HAD 211 DEDICATED VOLUNTEERS CONTRIBUTING 13,871 HOURS AND SERVED 3,262 INDIVIDUALS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ATTACK POVERTY

Employer identification number
45-2401548

Employer identification number
45-2401548

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

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

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

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	848,300	909,188	1,052,841	4,059,440	7,618,255	14,488,024
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	848,300	909,188	1,052,841	4,059,440	7,618,255	14,488,024
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						14,488,024

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	848,300	909,188	1,052,841	4,059,440	7,618,255	14,488,024
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .				170	690	860
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .					15,588	15,588
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .				4,923	4,930	9,853
11	Total support. Add lines 7 through 10						14,514,325
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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.820 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	100.000 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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>		
	1		
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>		
	2		
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>		
	3a		
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>		
	3b		
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>		
	3c		
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>		
	4a		
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>		
	4b		
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>		
	4c		
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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
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>		
	8		
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>		
	9a		
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>		
	9b		
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>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 45-2401548

Name: ATTACK POVERTY

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ATTACK POVERTY
Employer identification number
45-2401548

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

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	
SALES TAX PAYABLE	1,296
CREDIT CARD PAYABLE	20,090
CUSTOMER DEPOSIT	2,410
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	23,796

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,753,411
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	0
3	Subtract line 2e from line 1		3	7,753,411
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	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,753,411

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

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

1	Total expenses and losses per audited financial statements		1	0
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	0

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ATTACK POVERTY

Employer identification number
45-2401548

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			220,787
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			220,787

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	BASED ON NEEDS OF THE CHURCH.

Additional Data

Software ID:
Software Version:
EIN: 45-2401548
Name: ATTACK POVERTY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
UGANDA	0	0	EDUCATIONAL AND MEDICAL SUPPORT PROGRAM SERVICES	IN UGANDA WE SERVE IN TWO LOCATIONS: RUSHERE AND BUKEMERO. WE HAD 227 VOLUNTEERS WITH 367 VOLUNTEER HOURS. WE SERVED 329 CHILDREN AND 47 ADULTS. LASTLY, WE WERE ABLE TO PROVIDE COMMUNITY SERVICE EFFORTS TO 2,188 INDIVIDUALS. OUR FRIENDS HAVE PAID FOR AN EXPANSION OF THEIR CHURCH SHELTER AND NOW CAN SEAT 400 DURING SUNDAY SERVICES. THEY ALSO PERFORMED KEY REVITALIZATION ON THE PROPERTY INCLUDING A NEW KITCHEN STRUCTURE. WITH THE SCHOOLS SURPLUS FUNDS, ADDITIONS WERE MADE TO RUSHERE CHRISTIAN HIGH SCHOOL, INCLUDING TEACHERS QUARTERS, A SCIENCE LAB, COMPUTER LAB, AND A LIBRARY. A BOYS DORMITORY WAS BUILT WHICH ENABLES THE BOYS TO STAY ON THE PREMISES INSTEAD OF IN TOWN. IN BUKOMERO, WORKING WITH PASTOR GERALD AND CHOSEN CHURCH, CASSAVA SEEDS WERE DISTRIBUTED TO 23 FAMILIES AND THEIR HARVEST WAS ABUNDANT. WOMEN ARE LEARNING ABOUT HOME-BASED SKILLS THEY CAN USE TO PROVIDE AN INCOME. MERCY MINISTRY IS SUPPORTING VULNERABLE FAMILIES AND THE ELDERLY BY PROVIDING BASIC NEEDS LIKE SUGA	78,414
INDIA	0	0	EDUCATIONAL AND MEDICAL SUPPORT PROGRAM SERVICES	N INDIA WE SERVE THROUGH AN AFFILIATE, HOUSE OF LOVE ORPHANAGE WHERE WE SERVE 55 CHILDREN. WE WERE ALSO ABLE TO SERVE 170 ADULTS THROUGH OUR ADULT EDUCATION PROGRAMS AND 9,581 INDIVIDUALS THROUGH COMMUNITY SERVICE EFFORTS TO 9,581 INDIVIDUALS. WE HAD 860 VOLUNTEERS AS WELL. IN INDIA, ORPHANED AND ABANDONED CHILDREN FACE HUNGER, HOMELESSNESS, VIOLENCE, TRAFFICKING, ABUSE, ENSLAVEMENT BY EMPLOYERS, AND EXPLOITATION BY POLICE AND OTHERS. AT THE HOUSE OF LOVE, CHILDREN NO LONGER LIVE IN FEAR OF HOMELESSNESS. THEY ARE PROTECTED, NURTURED, AND EDUCATED. THESE CHILDREN ARE THRIVING! THEY HAVE WON AWARDS IN ACADEMICS AND CULTURAL ARTS AND ARE BEING WELL EQUIPPED TO SEEK HIGHER EDUCATION. OUR TEAM IS WORKING ON LONG-TERM GOALS WITH COMMUNITY LEADERS. THEY HAVE IDENTIFIED THE FOLLOWING GOALS: TO BRING THE HOUSE OF LOVE TO SELF-SUFFICIENCY, TO DISCOVER OBSTACLES IN THE CULTURE AND LOCAL AREA, AND TO EXPLORE POSSIBLE SOLUTIONS, AND TO IMPROVE RELATIONS BETWEEN DIFFERENT FAITH GROUPS IN THE AREA.	2,633

Form 990 Schedule F Part I - Activities Outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA	0	0	EDUCATIONAL AND MEDICAL SUPPORT PROGRAM SERVICES	OVER THE PAST YEAR WE HAVE BEEN BUSY ESTABLISHING AN OFFICE IN HONG KING AND WORKING WITH INDIGENOUS LEADERS. THROUGH LISTENING, COLLABORATIVE PARTNERSHIPS, AND EQUIPPING STRATEGIES, WE ARE GROWING IN OUR PRESENCE IN EAST ASIA AS WELL AS AWARENESS OF LOCAL OPPORTUNITIES FOR TRANSFORMATION. IN SMALL WAYS, WHETHER IT'S SUPPLYING A MOTORCYCLE FOR A LOCAL PASTOR, PROVIDING TRAINING FOR COMMUNITY DEVELOPMENT LEADERS, OR SITTING WITH CHILDREN THAT HAVE BEEN RIPPED FROM THEIR PARENTS, WE ARE SEEING A HUGE IMPACT	139,740

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	5 K EVENT (event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	136,236			136,236
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	136,236			136,236
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	35,687			35,687
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				35,687
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				100,549	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization
ATTACK POVERTY

Employer identification number
45-2401548

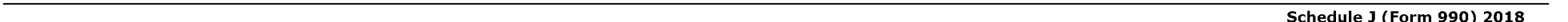
Part I Questions Regarding Compensation

		Yes	No
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 idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
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	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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	No
b	Any related organization?	5b	No
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	No
b	Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION COMMITTEE ANALYZES THE OFFICER SALARY BASED ON COMPENSATION SURVEYS AND STUDIES. THE COMPENSATION STRUCTURE IS THEN APPROVED BY THE BOARD OF DIRECTORS AND WRITTEN EMPLOYMENT CONTRACT IS PROVIDED TO THE ORGANIZATION'S CEO.



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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
ATTACK POVERTY

Employer identification number

45-2401548

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PT VI, LINE 11B: THE RETURN IS INITIALLY REVIEWED BY THE TREASURER OF THE ORGANIZATION AND ANY CONCERNS ARE ADDRESSED. THE RETURN IS THEN REVIEWED BY THE BOARD OF DIRECTORS. THE RETURN IS SIGNED BY THE TREASURER AND FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PT VI, LINE 12C: EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL DISCLOSE ANY CONFLICT OF INTEREST AT THE ANNUAL BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PT VI, LINE 15A: THE HUMAN RESOURCES DIRECTOR USES INDUSTRY STANDARDS AND GUIDELINES BASED ON OUTSIDE SOURCES TO ANALYZE COMPENSATION OF EMPLOYEES. PT VI, LINE 15B: THE HUMAN RESOURCES DIRECTOR USES INDUSTRY STANDARDS AND GUIDELINES BASED ON OUTSIDE SOURCES TO ANALYZE COMPENSATION OF EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	PT VI, LINE 19: A COPY OF ALL OUR PUBLIC RECORDS ARE KEPT AT OUR OFFICE AND MAY BE REQUESTED BY THE PUBLIC ANYTIME DURING OUR HOURS OF OPERATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	A COPY OF ALL OUR PUBLIC RECORDS ARE KEPT AT OUR OFFICE AND MAY BE REQUESTED BY THE PUBLIC ANYTIME DURING OUR HOURS OF OPERATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XI LINE 8	PRIOR PERIOD SUMMARIZED FINANCIAL STATEMENTS THE 2018 SUMMARIZED FINANCIAL STATEMENTS WERE REVIEWED BY THE ACCOUNTING FIRM AND THEIR REPORT THEREON, DATED JULY 25, 2019, STATED THE Y WERE NOT AWARE OF ANY MATERIAL MODIFICATIONS THAT SHOULD BE MADE TO THOSE FINANCIAL STATEMENTS FOR THEM TO BE IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. HOWEVER, A REVIEW IS SUBSTANTIALLY LESS IN SCOPE THAN AN AUDIT AND DOES NOT PROVIDE A BASIS FOR THE EXPRESSION OF AN OPINION ON THE FINANCIAL STATEMENTS. THE SUMMARIZED COMPARATIVE INFORMATION PRESENTED HEREIN AS OF AND FOR THE YEAR ENDED JUNE 30, 2018, IS CONSISTENT, IN ALL MATERIAL RESPECTS, WITH THE REVIEWED FINANCIAL STATEMENTS FROM WHICH IT HAS BEEN DERIVED. AS A RESULT, GRANTS AND PLEDGES RECEIVABLE ACCOUNT WAS INCREASED BY \$300,000 FOR UNITED WAY CONTRIBUTIONS AND ACCOUNTS PAYABLE WAS INCREASED BY \$87,213 FOR NET ADJUSTMENT OF \$212,787.