** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CHWC, INC. Name change 48-0934993 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2 SOUTH 14TH STREET 913-342-7580 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 3.028.743. Amended return KANSAS CITY, KS 66102 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRENNAN CRAWFORD for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) **◄** (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.CHWCKCK.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1981 M State of legal domicile: KS Trust Association Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 982,275. 1,506,445. Contributions and grants (Part VIII, line 1h) 8 76,854. 120,623. Program service revenue (Part VIII, line 2g) 362. -11,569. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 173,548. 195,741. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,233,039. ,811,240. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 327,013. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 63,278. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 663,523. 634,968. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 501,862. 564,738. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,526,719. 1,228,663. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 284,521. 4,376. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 5,178,096. 5,407,450. Total assets (Part X, line 16) 2,979,096. 2,904,433. 21 Total liabilities (Part X, line 26) 2,199,000.三年 2,503,017 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign BRENNAN CRAWFORD, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00220718 LISA BURKE Paid self-employed Firm's name CBIZ MHM, LLC Firm's EIN ▶ 34-1874260 Preparer Firm's address > 700 WEST 47TH STREET, **SUITE 1100** Use Only Phone no. 816 - 945 - 5500 KANSAS CITY, MO 64112 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

4d Other program services (Describe in Schedule O.)

(Expenses \$\text{including grants of \$}\tag{ }\text{) (Revenue \$}\tag{ }\text{Total program service expenses }\text{\infty} \text{1,138,929.}

Form 990 (2017) CHWC , INC . Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	· · · · · · · · · · · · · · · · · · ·	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	I Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		y
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		-21
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G. Part III	19	000	21

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa		25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			\
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	, , , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Ţ <u>.</u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Telestrian com see more are required to complete contents of	, 50	000	

Form 990 (2017)

CHWC, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c		Check if Schedule O contains a response or note to any line in this Part V							
b. Enter the number of Forms W2G included in line 1a. Enter-0° if not applicable 10 0 0 0 0 0 0 0 0						Yes	No		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return In a secondary of the secondary of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21					
Gambling Winnings to prize winners	b		1b	0					
20 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this returns? Note. If the sum of lines 1a, and 2a is greater than 250, you may be required to a-file (see instructions) 10 bit the organization have uncertated business gross income of \$1,000 or more during the year? 3a X 15 If Yes, * has it filed a Form 990-T for this year? If *No.* to file 3b, provide an explanation in Schedule O 3b If Yes, * enter the name of the foreign country, * each of the comparization have uncertainty over, all the organization have interest in, or a signature or other authority over, a financial account in a floreign country, seuch as a bank account, securities account, or other financial accountly over, a financial account in a floreign country, seuch as a bank account, securities account, or other financial accountly. 16 If Yes, * enter the name of the foreign country, * each organization have an interest in, or a signature or other authority over, a financial account in a floreign country of such as a bank account, securities account, or other financial account in a foreign country of such as a bank account, securities account, or other financial account in a foreign country of such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibitotic tax shelter transaction at any time during the tax year? 5a X 16 If Yes, * for the name of the foreign country, * foreign and the security of the property of the property of the organization solicit any contributions that were not tax deductible or organization flore form 888817 6a Dees the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 16 If Yes, * did the organization necled apparent in excess of \$75 made party as a financial accountry to the payor? 7a X 7b If Yes, * indicate the number of Forms 8282 filed during the year 17d D	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming					
filed for the cellendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required tomip (see instructions) By the control of the organization have urrelated business gross income of \$1,000 or more during the year? By the control of the organization have urrelated business gross income of \$1,000 or more during the year? By the year, and it file a form 900 of 10 for this year? If "him," to file 8b, your provide an explanation in Schedule 0 By the year end of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the as a bank account, securities account, or other infancial accounts (FBAR). By the see instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the see instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the see instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the see instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the see instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the see instructions for filing requirements for finCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the see instructions for filing requirements for finCEN from 114, Report of Foreign Bank and Financial accounts (FBAR). By the segmentation from the approximation that we are to tax eductables as charitable contributions? By the segmentation from the approximation that we are contributed and the segmentation from the segment and the segmentation from the segment is excessed from the very segmentation from the segmentation from th		(gambling) winnings to prize winners?	······		1c	X			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-lite (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990 T for this year? If "No," in line 8b, provide an explication to 3b business of the during the calendary year, did the organization have unduring the year? 4a At any time the name of the foreign country: 5b If "Yes," and there the name of the foreign country: 5c If "Yes," to line 3a or 5b, did the organization have unduring the tax year? 5c If "Yes," to line 3a or 5b, did the organization have that was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 5c If "Yes," to line 5a or 5b, did the organization finated with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization start arm yeaceive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c If	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to		filed for the calendar year ending with or within the year covered by this return	2a	20					
3a Dit the organization have unreliated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-ff or this year? if "No," to like 3b, provide an explanation in Schedule O d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account?) See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization account in a prosent selection of the organization account? So Was the organization accounts of the organization fills from 8886.7? So Does the organization that it was or is a party to a prohibited tax shelter transaction? So Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? So If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To Cranizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Cranization stell, exchange, or otherwise dispose of transplic personal property for which it was required? To Unit the organization sell, exchange, or otherwise dispose of transplic personal penefit contract? To With the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, anyplanes, or other vehicles, did the organization file a Form 1088-C? S	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial account)? 4a X b if "Yes," enter the name of the foreign country. ► 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charizable contributions? 5c Were not tax deductible as charizable contributions? 5c Were not tax deductible as charizable contributions? 6c Were not tax deductible as charizable contributions? 6d Were and tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 bit "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 bit "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 c X 7 bit "Yes," indicate the number of Forms 8282 filed during the year 7 bit "Yes," indicate the number of Forms 8282 filed during the year 8 bit "Yes," indicate the number of Forms 8282 filed during the year 9 bit the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7 c X 8 bit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C?									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization of the foreign country: 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation and party to a prohibited tax shelter transaction? 6a X 5b If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Id If "Yes," indicate the number of Forms 8282 filed during the year 8c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X 7d If the organization received a contribution of qualified intellectual property, did the organization flee Form 899 as required? 7n If the organization received a contribution of qualified intellectual property, did the organization flee Form 899 as required? 7n If the organization receiv	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f 'Yes, ' enter the name of the foreign country.	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b				
b if "Yes," either the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		7	$\overline{}$						
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	•			13a				
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b									
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b		 						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O14b			$\overline{}$						
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c		4.		v		
	b	пт Yes," nas it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule	e O			gan	(0017)		

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 20 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SARA FITTS - 913-342-7580 14TH ST, KANSAS CITY, 66102 S

Form 990 (2017) CHWC, INC. 48-0934993 Page 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	age Position (do not check more than one		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CECELIA WISNIEWSKI	2.00	l						•	
CHAIR	0.00	Х		Х			0.	0.	0.
(2) DIANE HENTGES	2.00							•	•
VICE CHAIR	2 00	Х		Х			0.	0.	0.
(3) JEFF LIPP SECRETARY	2.00	Х		х			0.	0.	0.
(4) GEORGE REBECK	2.00						-	-	
TREASURER		Х		х			0.	0.	0.
(5) IRENE CAUDILLO	1.00								
DIRECTOR		Х					0.	0.	0.
(6) BRIDGETTE COBBINS	1.00								_
DIRECTOR		Х					0.	0.	0.
(7) VIRGINIA DE LA TORRE	1.00								
DIRECTOR		Х					0.	0.	0.
(8) LARRY GREENBAUM	1.00								
DIRECTOR		X					0.	0.	0.
(9) JOE KRIZMAN	1.00								
DIRECTOR		Х					0.	0.	0.
(10) STEVE KUCHARO	1.00								
DIRECTOR		Х					0.	0.	0.
(11) BEN MCANANY	1.00								
DIRECTOR		Х					0.	0.	0.
(12) SANDRA OLIVAS	1.00							_	_
DIRECTOR		Х					0.	0.	0.
(13) TIMOTHY ORRICK	1.00								_
DIRECTOR		Х					0.	0.	0.
(14) FATHER GARY PENNINGS	1.00								
DIRECTOR	1 00	Х					0.	0.	0.
(15) MARIA PORTA	1.00							•	•
DIRECTOR	1 00	Х					0.	0.	0.
(16) JOE REARDON	1.00	.,						•	^
DIRECTOR	1 00	Х			-		0.	0.	0.
(17) JIM SCHRAEDER	1.00							0	0
DIRECTOR	<u> </u>	X		<u> </u>			0.	0.	0. Form 990 (2017)

732007 11-28-17 Form **990** (2017)

Form 990 (2017) CHWC , INC .

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (c 48-0934993 Page **8**

Section A. Officers, Directors, Trust	ees, key Emp	DIOA	ees,	anc	<u>ı ⊓ış</u>	gnes	il C	ompensated Employee	(continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i	more rson i	than of s both	n an	(D) Reportable compensation	(E) Reportable compensation	on	l	(F) stimate nount	
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		fr org an	other pensa om the anizat d relate anization	e ion ed
(18) MANG SONNA	1.00												
DIRECTOR	1 00	Х	_					0.		0.			0.
(19) JOHN TISZKA DIRECTOR	1.00	Х						0.		0.			0.
(20) MIKE WILSON	1.00	Λ						0.		0.			0.
DIRECTOR	1.00	х						0.		0.			0.
(21) BRENNAN CRAWFORD	40.00												
EXECUTIVE DIRECTOR/CEO				Х				84,963.		0.		3,6	00.
1b Sub-total							>	84,963.		0.		3,6	00.
c Total from continuation sheets to Part VII	, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)								84,963.		0.		3,6	00.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	y en	nplo	yee,	or l	nighest compensated er	nployee on			Yes	No
line 1a? If "Yes," complete Schedule J for so	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							•	•				7.7
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
Complete this table for your five highest cor the organization. Report compensation for t										pensa	tion fro	om	
(A) Name and business	NC	ONE	3				(B) Description of services			(C) Compensation			
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lin	nited	d to	thos (se lis)	ted	above) who received mo	ore than			200	

Form 990 (2017) CHWC , INC .

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
ran		Membership dues	1 1					
E G	c	Fundraising events						
iifts ar A		Related organizations						
s, G mila		Government grants (contribution		364,973.				
igi		All other contributions, gifts, grant						
but		similar amounts not included abov	1 1	1,141,472.				
ÖĖ	ç	Noncash contributions included in lines 1	a-1f: \$	_				
a G G	r	Total. Add lines 1a-1f		>	1,506,445.			
				Business Code				
e l	2 a	DEVELOPER FEE INCOME		531390	42,500.	42,500.		
Program Service Revenue	b	MORTGAGE INTEREST		522292	39,895.	39,895.		
Se	c	MANAGEMENT FEE INCOME		531311	38,228.	38,228.		
am eve	c	d						
og B	e	·						
<u>Ā</u>	f	All other program service rever	nue					
\Box	ç	Total. Add lines 2a-2f			120,623.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			293.			293.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	70,790.					
		Less: rental expenses	0.					
		Rental income or (loss)	70,790.		70 700	70 700		
		Net rental income or (loss)			70,790.	70,790.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory		110,000.				
	r	Less: cost or other basis		121,862.				
		and sales expenses		-11,862.				
		Gain or (loss)		-	-11,862.	-11,862.		
		Net gain or (loss)			11,002.	11,002.		
ne	0 6	 Gross income from fundraising including \$ 	•					
ven		contributions reported on line						
Re		Part IV, line 18	-					
Other Reven	r	Less: direct expenses						
ŏ		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses		,				
		Net income or (loss) from gami						
		Gross sales of inventory, less returns						
		and allowancesa		1,149,179.				
	b	Less: cost of goods sold		1,095,641.				
L		Net income or (loss) from sales of inventory			53,538.	53,538.		
		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		900099	90,909.	90,909.		
	k	PARTNERSHIP INCOME		531110	-19,496.			-19,496.
	c							
		d All other revenue						
	e	Total. Add lines 11a-11d		>	71,413.			
	12	Total revenue. See instructions.		>	1,811,240.	323,998.	0.	-19,203.

732009 11-28-17

Form 990 (2017) CHWC , INC . 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										
		(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	227 012	227 012							
_	individuals. See Part IV, line 22	327,013.	327,013.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	88,563.	56,864.	19,916.	11,783.					
•	trustees, and key employees	00,303.	30,004.	19,910.	11,703.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
-	persons described in section 4958(c)(3)(B)	469,224.	300,230.	107,101.	61,893.					
7	Other salaries and wages	403,444.	300,230.	101,101.	01,093.					
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)	10 200	12 /55	2 020	2 104					
9	Other employee benefits	19,398. 57,783.	13,455. 35,092.	2,839.	3,104. 7,262.					
10	Payroll taxes	31,103.	33,032.	13,443.	1,404.					
11	Fees for services (non-employees):									
	Management	7,550.	6,853.	465.	222					
b	3	32,125.	1,999.	29,757.	232. 369.					
	Accounting	32,123.	1,999.	23,131•	309.					
	Lobbying									
e	, F									
f	Investment management fees									
g	,	28,398.	19,109.	2,566.	6,723.					
40	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	151.	45.	106.	0,725.					
12 13		31,790.	11,699.	16,520.	3,571.					
14	Office expenses Information technology	31,730.	11,000.	10,320.	3,371.					
15	Royalties									
16	Occupancy	53,912.	36,642.	14,503.	2,767.					
17	Travel	15,494.	13,832.	1,073.	589.					
18	Payments of travel or entertainment expenses	23 / 23 2 0	23,0320	270700	3031					
.5	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	80,777.	60,028.	20,292.	457.					
21	Payments to affiliates		,	.,/						
22	Depreciation, depletion, and amortization	72,204.	48,108.	15,204.	8,892.					
23	Insurance	24,863.	12,625.	11,361.	877.					
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 0.)									
а	REAL ESTATE MANAGEMENT	121,377.	112,415.	8,094.	868.					
b	PROGRAM SUPPLIES	72,752.	72,752.	0.	0.					
С	BANK FEES	6,541.	1,448.	4,813.	280.					
d	OTHER EXPENSES	6,289.	1,377.	4,618.	294.					
е	All other expenses	10,515.	7,343.	3,016.	156.					
25	Total functional expenses. Add lines 1 through 24e	1,526,719.	1,138,929.	277,673.	110,117.					
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 X if following SOP 98-2 (ASC 958-720)				5 000 (2013)					

Form 990 (2017)
Part X Balance Sheet

CHWC, INC.

Part	[X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	45.	1	545
	2	Savings and temporary cash investments	171,039.	2	320,833
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	379,699.	4	623,852
	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			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1,251,901.	7	1,158,348
¥	8	Inventories for sale or use	1,434,671.	8	1,520,860 119,071
	9	Prepaid expenses and deferred charges	109,316.	9	119,071
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,414,787 10b 750,846			
	b	Less: accumulated depreciation 10b 750,846.	1,831,425.	10c	1,663,941
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,178,096.	16	5,407,450 486,144
	17	Accounts payable and accrued expenses	471,586.	17	486,144
	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	
ရွ	22	Loans and other payables to current and former officers, directors, trustees,			
Ě∣		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	2,450,497.		2,328,290
	24	Unsecured notes and loans payable to unrelated third parties	57,013.	24	89,999
	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	2 070 006	25	0 004 422
_	26	Total liabilities. Add lines 17 through 25	2,979,096.	26	2,904,433
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	E60 120		1 000 056
ا <u>ي</u>	27	Unrestricted net assets	560,139.	27	1,028,056
Bal	28	Temporarily restricted net assets	105,130.	28	105,766
힏	29	Permanently restricted net assets	1,533,731.	29	1,369,195
로		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ		and complete lines 30 through 34.			
jets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>•</u>	32	Retained earnings, endowment, accumulated income, or other funds	2 100 000	32	0 500 017
	33	Total net assets or fund balances	2,199,000.	33	2,503,017
	34	Total liabilities and net assets/fund balances	5,178,096.	34	5,407,450

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,81	1,2	<u>40.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,52	6,7	19.			
3									
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1:	9,4	96.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	2	,50	3,0	17.			
Pa	rt XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
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?			2b	X				
	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 X Consolidated basis Both consolidated and separate basis								
С	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?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h					