# EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) 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)

Inspection

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

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

Open to Public

OMB No. 1545-0047

Α	LOL IN	e 20 i9 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		47-38140	56
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	·
F	Final		A	424-269-	
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,339,318.
	Amen			H(a) Is this a group re	
	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{\mathbf{L}}$	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	1	list. (see instructions)
		te: ASENSEOFHOME.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: CA
	art I	Summary		- 1	- Class of logal dofficing
		Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Activities & Governance	Ι.	bliony describe the organization of most dignificant detivities.			
ın aı	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets
Ver	1	·		1 1	11
ဗိ		Number of independent voting members of the governing body (Part VI, line 1a)			9
დ თ		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8
iţie					2880
ı⋛		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 39		·····	0.
_	"	Net unrelated business taxable income norm of our 990-1, line 39		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,312,739.	1,863,136.
Revenue				181,500.	339,066.
Ve		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,494,239.	2,202,202.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		576,111.	569,695.
ses	15			0.	0.
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  237, 2	73	•	•
Ä	170	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,040,516.	1,016,045.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,616,627.	1,585,740.
				-122,388.	616,462.
<u></u>	119	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total accets (Part V. line 16)	100	415,038.	1,034,022.
ASS	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		3,015.	1,835.
Vet /	22	Net assets or fund balances. Subtract line 21 from line 20		412,023.	1,032,187.
P	art II	Signature Block		412,023	1,032,1074
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the hest of my	/ knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			, knowledge and boller, it is
truc	, 001100	the desired of the second and the property (canon than onloon) to be seed on an information of w	mon propuror	nao any knowledge.	
Sig	ın	Signature of officer		I Date	
He		GEORGINA SMITH, PRESIDENT			
116		Type or print name and title			
			П	Date Check	II PTIN
Pai	d	Print/Type preparer's name   Preparer's signature   MICHAEL P. AMERIO   MICHAEL P. AMER	I	.1/12/20 if self-employe	<b></b>
	u parer	Firm's name LUCAS, HORSFALL, MURPHY & PINDR	OH T.T.D	Firm's EIN	95-4659692
	Only	Firm's address 299 N. EUCLID AVENUE, 2ND FLOOR		FIIIII S EIN	JJ <del>1</del> 0JJ0J4
USE	, only	PASADENA, CA 91101		Dhone no 62	6-744-5100
N 4	غام - ۱۱	-		Priorie no. 0 Z	
ivia	y τne II	RS discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No

Га	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X 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?  If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$1, 250, 503 • including grants of \$) (Revenue \$)	)
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	1
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 1,250,503 •	)

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# Form 990 (2019) A SENSE OF H 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del></del>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
	Schedule D, Part III	8		Х
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?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? 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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? 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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	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		Х
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	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 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			l
	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,			
40	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	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-23	$\vdash$
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	23		X
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
Liu	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		Х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		х
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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		$\vdash^{\Delta}$
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		265	
		Form	990	12010

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 21	Х
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		-22
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıoa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
J	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website X Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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			
	VICKEN SOSIKIAN, COO - 424-269-0646			
	3457 W. EL SEGUNDO BLVD. A, HAWTHORNE , CA 90250			

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# 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.

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

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

<b>(A)</b> Name and title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GEORGINA SMITH	50.00	X		х				110,000.	0.	0.
CEO (2) MELISSA GODDARD	50.00	^		Δ	$\vdash$			110,000.	0.	0.
VICE PRESIDENT	30.00	Х		х				82,404.	0.	0.
(3) AUSTIN VERNET	50.00	^		Δ	$\vdash$		$\vdash$	02,404.	0.	0.
CSO CSO	30.00	Х		х				0.	0.	0.
(4) JULIE DARMODY	1.00				$\vdash$	$\vdash$	$\vdash$	0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(5) VICKI KENNEDY	1.00						$\vdash$			
BOARD MEMBER		х						0.	0.	0.
(6) SERENA LEVY	1.00									-
BOARD MEMBER		Х						0.	0.	0.
(7) TREVOR HALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MICHAEL W RABKIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MILES COOLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) STEVE LABELLA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SIENNA LEE	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) VICKEN SOSIKIAN	50.00							405 000		
<u>coo</u>	1 00			Х				135,000.	0.	0.
(13) BRIANNA BEYROOTY	1.00								0	•
DEVELOP & PROG DIRECTOR				Х			_	0.	0.	0.
		_					_			
		-								
		$\vdash$		$\vdash$		$\vdash$	<u> </u>			
		-								
		$\vdash$		$\vdash$	$\vdash$	$\vdash$	$\vdash$			
		1								
932007 01-20-20						_		<u> </u>		Form <b>990</b> (2019)

Form	990 (2019) A SENSE (	OF HOME								47-38	R14	056	D	age <b>8</b>
	t VII Section A. Officers, Directors, Trus		olov	ees	. and	d Hi	ahe	st C	Compensated Employe		014	050	Г	age <b>c</b>
	(A)  Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	ition more rson i		one h an	(D)  Reportable compensation from	(E)  Reportable  compensatio  from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om th anizat d relat anizati	e ion ed
	Subtotal								327,404.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization							no re	327,404. eceived more than \$100	0,000 of reportab	0. 0. le			0.
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportabl 0,000? <i>If</i> "Yes,	le co	mple	ensa ete S	ation Sche	and adule	d otl	for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors	nplete Schedule	e J f	or st	uch	pers	son .					5		X
1	Complete this table for your five highest co										npens	ation 1	rom	
	the organization. Report compensation for (A)  Name and business			endi DNI		vith	or w	ıthir	n the organization's tax ( <b>B)</b> Description of s		С	(C ompe	<b>;)</b> nsatio	n

	the organization report compensation for the calculating than or than	in the enganization of task years	
	(A) Name and business address NONE	<b>(B)</b> Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Form **990** (2019)

\$100,000 of compensation from the organization

		Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
		Officer if Octredule O contains a response of flote to any in	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt		Revenue excluded
				function revenue	business revenue	from tax under
40 1						sections 512 - 514
nts	1 a	Federated campaigns1a				
ara ou	k	Membership dues1b				
Contributions, Gifts, Grants and Other Similar Amounts	(	Fundraising events 1c 838,393.				
i ii		Related organizations 1d				
9,8		Government grants (contributions) 1e				
Sig		All other contributions, gifts, grants, and				
iğ E	'					
윤희		similar amounts not included above If 1,024,743.				
id of	ç	Noncash contributions included in lines 1a-1f	1 060 106			
<u>a</u> 0	ŀ	Total. Add lines 1a-1f	1,863,136.			
		Business Code				
ø	2 8	HOME CREATION	339,066.	339,066.		
ا کے خ	ŀ		-	<u> </u>		
Ser						
E E		. ————				
Be	(	'				
Program Service Revenue	•	•				
<u>-</u>	f	All other program service revenue				
$\Box$	9	Total. Add lines 2a-2f	339,066.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	•	(i) Real (ii) Personal				
	•					
		Gross rents 6a				
	ŀ	Less: rental expenses 6b				
	(	Rental income or (loss)				
	(	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
		Less; cost or other basis				
<u>o</u>	•					
Ju		and sales expenses 7b 7c 7c				
Revenue		, , , , , , , , , , , , , , , , , , , ,				
E		Net gain or (loss)				
ther	8 8	Gross income from fundraising events (not				
Б		including \$838,393. of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 137,116.				
	ŀ	Less: direct expenses 8b 137,116.				
		Net income or (loss) from fundraising events	0.			
	9 8	Gross income from gaming activities. See				
		Part IV, line 19				
		Less: direct expenses 9b				
	(	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
$\dashv$		` '				
sn		Business Code				
e e	11 a	·				
lan	ŀ					
e Sel	(	·				
Miscellaneous Revenue	(	All other revenue				
_		Total. Add lines 11a-11d				
	12	Total revenue See instructions	2.202.202.	339,066.	0.	0.

# 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 respon-				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
0	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,				
5	trustees, and key employees	327,403.	245,553.	32,740.	49,110
6	Compensation not included above to disqualified	327,2000	210,0001	3277200	
•	persons (as defined under section 4958(f)(1)) and				
	namena described in section (OFO(s)(O)(D)				
7	· · · · · · · · · · · · · · · · · · ·	200,166.	150,124.	20,017.	30,025
	Other salaries and wages	200,100.	130,121.	20,017.	30,023
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	42,126.	31,594.	4,213.	6,319
11	Fees for services (nonemployees):	12/1200	31/3310	1/2131	0,010
a	Management				
b	Legal	10,120.	7,590.	1,012.	1,518
C	Accounting	10,120.	7,350.	1,012.	1,510
	Lobbying  Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	117,803.	33,077.	1 211	80 482
40	column (A) amount, list line 11g expenses on Sch O.)	13,392.	10,044.	4,244. 1,339.	80,482 2,009
12	Advertising and promotion	2,227.	1,670.	223.	334
13	Office expenses	2,227•	1,070.	225•	334
14	Information technology				
15	Royalties	82,980.	62,235.	8,298.	12,447
16	Occupancy	389.	292.	39.	58
17	Travel	309.	292•	39.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	15.			15
19	Conferences, conventions, and meetings	13.			13
20	Interest				
21	Payments to affiliates	6,866.	5,150.	686.	1,030
22	Depreciation, depletion, and amortization	12,194.	9,146.	1,219.	1,829
23	Other expanses, Itamiza expanses not severed	14,134.	9,140.	1,413.	1,029
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM: FURNITURE FOR	461,087.	461,087.		
a b	PROGRAM: HOME-MAKING SU	47,707.	47,707.		
С	PROGRAM: WAREHOUSE EQUI	39,649.	39,649.		
d	WORKERS COMP INSURANCE	38,749.	29,062.	3,875.	5,812
u e	All other expenses SEE SCH O	182,867.	116,523.	20,059.	46,285
е 25	Total functional expenses. Add lines 1 through 24e	1,585,740.	1,250,503.	97,964.	237,273
25 26	Joint costs. Complete this line only if the organization	_, ,	_,,	21120=0	20.,273
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING OCT 30-2 (MOC 300-720)		<u> </u>		Form <b>990</b> (201

47-3814056 Page **11** 

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			219,803.	1	694,056.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			177,769.	8	329,447.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	31,626.	15,840.	10c	8,974.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			1,200.	14	1,200.
	15	Other assets. See Part IV, line 11	426.	15	345.		
	16	Total assets. Add lines 1 through 15 (must e			415,038.	16	1,034,022.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f	ormer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
abi		controlled entity or family member of any of t	hese per	ons		22	
	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X			
		of Schedule D			3,015.	25	1,835.
	26	Total liabilities. Add lines 17 through 25			3,015.	26	1,835.
10		Organizations that follow FASB ASC 958, or	check he	re X			
čě		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			234,254.	27	702,740.
l Ba	28	Net assets with donor restrictions			177,769.	28	329,447.
nu		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
ဝ	29	Capital stock or trust principal, or current fun	ıds			29	
sel	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		F	412,023.	32	1,032,187.
_	33	Total liabilities and net assets/fund balances		ı	415,038.	33	1,034,022.

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		,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,58	5,7	<del>40.</del>
3	Revenue less expenses. Subtract line 2 from line 1	3		61	6,4	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		41	2,0	23.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			3,7	01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,03	2,1	86.
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: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis 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	e audi	t,			1
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	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	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>

#### **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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number A SENSE OF HOME 47-3814056 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	641,921.	822,362.	1052401.	1494239.	1863136.	5874059.	
2	Tax revenues levied for the organ-							
	ization'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	641,921.	822,362.	1052401.	1494239.	1863136.	5874059.	
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.						5874059.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	641,921.	822,362.	1052401.	1494239.	1863136.	5874059.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						5874059.	
12	Gross receipts from related activities,					12	339,066.	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. $\square$	
804	organization, check this box and store ction C. Computation of Publ		roontogo				<u> </u>	
	<u> </u>			. (0)			100.00 %	
	Public support percentage for 2019 (						1 0 0 0 0	
15	Public support percentage from 2018							
Iba	33 1/3% support test - 2019. If the containing the support test - 2019 and test - 2019 and the support test - 2019 and	•		•		•		
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2018. If the organization</li></ul>							
U								
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances tes							
17 a		•					*	
	and if the organization meets the "fact meets the "facts-and-circumstances"				-	-		
h	10% -facts-and-circumstances tes							
N	more, and if the organization meets the	-						
	organization meets the "facts-and-circ		·					
12								
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

## 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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	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	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organiz	zation,
							<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2019 (					15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box a						
k	o 33 1/3% support tests - 2018. If the	•			•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization	an did not chack a	hay an line 1/1 10	a or 10h chack t	thie hav and ead in	etructione	

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a 10b		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	-1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3c	3a		
3c			
4a	3b		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a	4h		
5a 5b 5c 6 7 8 9a 9b 9c	40		
5a 5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c	4c		
5b 5c 6 7 8 9a 9b 9c			
6 7 8 9a 9b 9c 10a	5a		
6 7 8 9a 9b 9c 10a	- Eb		
6 7 8 9a 9b 9c 10a			
7 8 9a 9b 9c	<b>5</b> C		
9a 9b 9c	6		
9a 9b 9c			
9a 9b 9c	7		
9b 9c 10a	8		
9b 9c 10a			
9c 10a	9a		
9c 10a	9h		
10a	0.0		
10a	9с		
10b	10a		
	10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	(STANIAS)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 0 0		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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
	and the state of t		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion 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			110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.	I	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functional	ly integra	ited Type III supporting org	ganization (see
	instructions)	. •	3	•

Schedule A (Form 990 or 990-EZ) 2019

Par	I v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Cumplemental Information Decide the evaluations required by Datil Sec 10, Datil Sec 17, and 75, Datil Sec 10.
T GIT 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.)

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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**Employer identification number** 47-3814056

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advis	sed 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 a	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
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer riours devoted to morntoning, inspecting,	mandling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	\$	dining of violations, and officially consolve	ation casements daring the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	The state of the s	
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	Ç	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<u>-</u>
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts(continue	d)
3	Using the organization's acquisition, accession	n, and other record	ds, chec	k any of the	following tha	t make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	change progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	<b>jements.</b> Comple	ete if the	organizatio	on 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, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included	_		
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabili	ity?	L	」Yes	No
b	If "Yes," explain the arrangement in Part XIII.								l	
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (	<b>(d)</b> Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >	6								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	ation		
	by:								Ye	s No
	(i) Unrelated organizations								3a(i)	$\perp$
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requi	red on S	chedule R?	·				. 3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	"Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book va	alue
		basis (investr	nent)	basis	(other)	dep	reciation	$\perp$		
	Land									
	Buildings									
	Leasehold improvements						24 6			074
d	Equipment			4	10,600.		31,62	46.	8,	974.
	Other									07.4
Total	. Add lines 1a through 1e. (Column (d) must ed	iual Form 990. Part	X. colur	nn (B). line '	10c.)				8,	974.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 A SENSE OF F	HOME	47-	-3814056 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000. Port V. col. (B) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	a 11d Soc Form 900 Part V line 15	
	Description	FITO. See Form 990, Fart A, line 13.	(b) Book value
(1)	- Coonpaint		(b) Book value
(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" of	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	, ,	,	(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS			1,835
(3)			<u> </u>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(4) (5) (6) (7) (8)

1,835.

Pai	t XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С	Recov	eries of prior year grants	2c		
d		(Describe in Part XIII.)			
е		nes <b>2a</b> through <b>2d</b>		2e	
3		act line 2e from line 1			
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>	4c		
		evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total e	expenses and losses per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF AUTHORITATIVE GUIDANCE RELATING
TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES A
RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT
RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A
TAX RETURN. IT ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION,
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,
DISCLOSURE AND TRANSITION. THE ORGANIZATION ADOPTED THE PROVISIONS OF THE
GUIDANCE AND IT HAD NO IMPACT ON TOTAL LIABILITIES OR NET ASSETS. AS OF
DECEMBER 31, 2019 ORGANIZATION'S TAX YEARS FOR 2015, THROUGH 2018, ARE
SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	A SENSE OF	HOME	47-3814056 Page 5
Schedule D (Form 990) 2019  Part XIII   Supplemental Info	rmation (continued)		<del>-</del>
	, ,		

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Ternal Revenue Service								
Name of the organization		Employer identification number						
A SENSE OF HOME 47-3814056								
Part I Fundrais required to	sing Activities, complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" o	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
		sed funds through any of the followir	ng acti	vities.	Check all that apply.			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici		g X Special	fundra	aising	events			
d In-person so		or and agreement with any individual	(in alu	dina a	fficare directors to u	***		
-		or oral agreement with any individual art VII) or entity in connection with p		-			Ye:	s X No
		viduals or entities (fundraisers) pursu						
compensated at le				Ü				
			(:::\			(14)	Amount paid	1
(i) Name and addres		(ii) Activity	(iii) fundr have c	Did aiser ustody	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(,	or cor	ntrol of utions?	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
		on is registered or licensed to solicit		outions	l s or has been notified	d it is	exempt from	 registration
or licensing.	ion ino organizatio	in to registered of floorised to solicit	Joriena	Jacioni	or ride been mediae	<i>a</i> 10 10	cxempt from	ogionation

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	art	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gr	•	•	, , ,	
		or landraion g over the contributions and gi	(a) Event #1 BACKYARD BOWL	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	975,509.			975,509.
	2	Less: Contributions	838,393.			838,393.
_	3	Gross income (line 1 minus line 2)	137,116.			137,116.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				137,116.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b>&gt;</b>	137,116.
D:	11 art					] 0.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mic 10, 0	or reported more than	
		¥ <b>,</b>	(a) Dinne	(b) Pull tabs/instant	(a) Other province	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				<u> </u>
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	% Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
_	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
•						
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				les les
		ere any of the organization's gaming licenses r Yes," explain:	The state of the s	-	•	Yes No
_	_	, 4				
_	_					
9320	82 0	9-11-19			Schedule G (Fo	orm 990 or 990-EZ) 2019

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Sch	edule G (Form 990 or 990-EZ) 2019 A SENSE OF HOME 47-3	3814056	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	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	%
	An outside facility	13b	%
	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
k	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\sum_{\text{s}} = \frac{1}{2} \text{ for the party } \sum_{\text{s}} = \frac{1}{2} \text{ for the 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		
	becompain of derivines provided P		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	A SENSE OF	HOME	47-3814056 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		Ğ
		(0011011000)		

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	A SENSE OF H	OME			47-3	814	056	
Pa	rt I Types of Property				'			
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FURNITUTRE)	Х	0	646,998.	FMV COMPARA	BLE		
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	tions?	31		Х
	Does the organization hire or use third parties					П		
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is chec	cked,			
-	describe in Part II.	. (-)	),    so	, (,	,			

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

Schedule M (Form 990) 2019

932142 09-27-19

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# 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 Open to Public

Inspection

Name of the organization

A SENSE OF HOME

**Employer identification number** 47-3814056

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

SENSE OF HOME (ASOH) IS A LOS ANGELES BASED NONPROFIT ORGANIZATION THAT CREATES HOMES FOR FOSTER YOUTH WHO'VE AGED OUT OF THE FOSTER CARE THE ORGANIZATION UTILIZES FURNITURE, HOUSEWARE AND MONEY DONATIONS TO CREATE THE FIRST HOME FOR AGED OUT FOSTER YOUTH.

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

SENSE OF HOME (ASOH) IS A LOS ANGELES BASED NONPROFIT ORGANIZATION THAT CREATES HOMES FOR FOSTER YOUTH WHO'VE AGED OUT OF THE FOSTER CARE THE ORGANIZATION UTILIZES FURNITURE, HOUSEWARE AND MONEY DONATIONS TO CREATE THE FIRST HOME FOR AGED OUT FOSTER YOUTH.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS SENSE OF HOME (ASOH) IS A LA BASED NONPROFIT ORGANIZATION THAT TRANSFORMS THE LIVES OF AT-RISK FOSTER YOUTH WHO AGE-OUT OF THE FOSTER CARE SYSTEM BY CREATING THEIR FIRST HOMES. BY CREATING A PHYSICAL HOME, ASOH OFFERS AGED-OUT YOUTH THE EXPERIENCE TO TRANSFORM SCARCITY TO ABUNDANCE AND GENEROSITY. ASOH'S VOLUNTEERS SERVE AND UTILIZE DONATED FURNITURE TO MAKE A YOUTH'S FIRST PERMANENT LIVING SPACE BEAUTIFUL. 2019, A SENSE OF HOME CREATED 120 HOMES. THE HOME CREATION PROVIDES A PROFOUND THERAPEUTIC TRANSFORMATION ON 5 LEVELS.

- THE YOUTH FEEL THEY MATTER FOR THE FIRST TIME IN THEIR LIVES
- THE YOUTH FEEL EMPOWERED, GAIN DIGNITY, SELF-WORTH AND PRIDE
- THE YOUTH FEEL AND BEHAVE AS SUCCESSFULLY AS THEIR NEW ENVIRONMENT

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **Employer identification number** A SENSE OF HOME 47-3814056 4. THE YOUTH GAIN A COMMUNITY TO BECOME IMMERSED IN AND LEARN FROM 5. THE YOUTH NOW HAVE A FOUNDATION FROM WHICH THEY CAN THRIVE FORM 990, PART VI, SECTION A, LINE 2: FAMILIAL RELATIONSHIP: GEORGINA SMITH & MELISSA GODDARD FORM 990, PART VI, SECTION B, LINE 11B: DRAFT RETURN PREPARED. ALL BOARD MEMBERS WERE EMAILED A COPY. ONLINE BOARD MEETING. BOARD MEMBERS EMAILED BACK THEIR APPROVAL AND COMMENTS. FORM 990, PART VI, SECTION B, LINE 12C: DUTY TO DISCLOSE, PERIODIC REVIEWS, ANNUAL SIGNED STATEMENT OF AFFIRMATION FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWS WAGES. FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE ON CALIFORNIA ATTORNEY GENERAL WEBSITE, GUIDESTAR WEBSITE, AND THE ORGANIZATION'S WEBSITE FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: SOFTWARE/IT: PROGRAM SERVICE EXPENSES 19,841.

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Name of the organization  A SENSE OF HOME	Employer identification number $47-3814056$
MANAGEMENT AND GENERAL EXPENSES	2,646.
FUNDRAISING EXPENSES	3,968.
TOTAL EXPENSES	26,455.
AUTO EXPENSES:	
PROGRAM SERVICE EXPENSES	22,668.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	234.
TOTAL EXPENSES	22,902.
PROGRAM: FOOD HOME CREATION:	
PROGRAM SERVICE EXPENSES	18,072.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,072.
OTHER FUNDRAISING EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	17,476.
TOTAL EXPENSES	17,476.
WEBSITE:	
PROGRAM SERVICE EXPENSES	11,964.
MANAGEMENT AND GENERAL EXPENSES	1,595.
FUNDRAISING EXPENSES	2,393.
TOTAL EXPENSES	15,952.

Name of the organization  A SENSE OF HOME	Employer identification number 47 – 3814056
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	8,651.
MANAGEMENT AND GENERAL EXPENSES	1,153.
FUNDRAISING EXPENSES	1,730.
TOTAL EXPENSES	11,534.
UNIFORMS:	
PROGRAM SERVICE EXPENSES	11,489.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,489.
OTHER ADMIN EXPESES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,338.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,338.
TRAVEL:	
PROGRAM SERVICE EXPENSES	744.
MANAGEMENT AND GENERAL EXPENSES	54.
FUNDRAISING EXPENSES	5,435.
TOTAL EXPENSES	6,233.
ADVERTISING & PROMOTION:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6 , 0 7 0 <b>.</b> Schedule O (Form 990 or 990-EZ) (2019

Name of the organization  A SENSE OF HOME	Employer identification number 47-3814056
TOTAL EXPENSES	6,070
MEMBERSHIP FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	4,651.
TOTAL EXPENSES	4,651.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	3,401
MANAGEMENT AND GENERAL EXPENSES	454
FUNDRAISING EXPENSES	680
TOTAL EXPENSES	4,535.
DISPOSAL:	
PROGRAM SERVICE EXPENSES	4,099.
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	4,099.
EQUIPMENT:	
PROGRAM SERVICE EXPENSES	2,698.
MANAGEMENT AND GENERAL EXPENSES	360
FUNDRAISING EXPENSES	539
TOTAL EXPENSES	3,597
PROGRAM: DONATED FURNITURE UNUSED:	
PROGRAM SERVICE EXPENSES	3,367.
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (201

COMPUTER & INTERNET:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  2  UTILITIES:  PROGRAM SERVICE EXPENSES  ANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  MANAGEMENT AND GENERAL EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	0.
TOTAL EXPENSES  COMPUTER & INTERNET:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	
COMPUTER & INTERNET:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  2  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  TOTAL EXPENSES  2  MANAGEMENT AND GENERAL EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  2  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	3,367.
MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  ANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  FUNDRAISING EXPENSES	
FUNDRAISING EXPENSES  TOTAL EXPENSES  MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  TOTAL EXPENSES  FUNDRAISING EXPENSES	2,416.
MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  ANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	322.
MOVING COSTS:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	483.
PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	3,221.
MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	
FUNDRAISING EXPENSES  TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	0.
TOTAL EXPENSES  UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	2,198.
UTILITIES:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  FUNDRAISING EXPENSES	2,198.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	
FUNDRAISING EXPENSES	,254.
	167.
MOMAL EXPENSES	251.
TOTAL EXPENSES	,672.
PROGRAM: WAREHOUSE SUPPLIES:	
PROGRAM SERVICE EXPENSES	,232.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	,232.

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Name of the organization  A SENSE OF HOME	Employer identification number 47-3814056
PRINTING & PUBLICATION:	
PROGRAM SERVICE EXPENSES	780.
MANAGEMENT AND GENERAL EXPENSES	104.
FUNDRAISING EXPENSES	156.
TOTAL EXPENSES	1,040.
SOFTWARE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,000.
TOTAL EXPENSES	1,000.
DUES & SUBSCRIPTION:	
PROGRAM SERVICE EXPENSES	622.
MANAGEMENT AND GENERAL EXPENSES	83.
FUNDRAISING EXPENSES	124.
TOTAL EXPENSES	829.
SECURITY SYSTEM:	
PROGRAM SERVICE EXPENSES	499.
MANAGEMENT AND GENERAL EXPENSES	67.
FUNDRAISING EXPENSES	100.
TOTAL EXPENSES	666.
EQUIPMENT RENTAL:	
PROGRAM SERVICE EXPENSES	461.
MANAGEMENT AND GENERAL EXPENSES	61.
FUNDRAISING EXPENSES	92.
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  A SENSE OF HOME	Employer identification number 47-3814056
TOTAL EXPENSES	614.
POSTAGE & DELIVERY:	
PROGRAM SERVICE EXPENSES	419.
MANAGEMENT AND GENERAL EXPENSES	56.
FUNDRAISING EXPENSES	84.
TOTAL EXPENSES	559.
LICENSES & PERMITS:	
PROGRAM SERVICE EXPENSES	330.
MANAGEMENT AND GENERAL EXPENSES	44.
FUNDRAISING EXPENSES	66.
TOTAL EXPENSES	440.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	299.
MANAGEMENT AND GENERAL EXPENSES	39.
FUNDRAISING EXPENSES	60.
TOTAL EXPENSES	398.
DISPOSAL:	
PROGRAM SERVICE EXPENSES	293.
MANAGEMENT AND GENERAL EXPENSES	39.
FUNDRAISING EXPENSES	58.
TOTAL EXPENSES	390.
GIFTS:	
PROGRAM SERVICE EXPENSES	199.
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Name of the organization  A SENSE OF HOME	Employer identification number 47-3814056
MANAGEMENT AND GENERAL EXPENSES	26.
FUNDRAISING EXPENSES	40.
TOTAL EXPENSES	265.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	262.
TOTAL EXPENSES	262.
COMMUNICATION TOOLS:	
PROGRAM SERVICE EXPENSES	169.
MANAGEMENT AND GENERAL EXPENSES	22.
FUNDRAISING EXPENSES	34.
TOTAL EXPENSES	225.
JOB POSTING:	
PROGRAM SERVICE EXPENSES	165.
MANAGEMENT AND GENERAL EXPENSES	22.
FUNDRAISING EXPENSES	33.
TOTAL EXPENSES	220.
PARKING:	
PROGRAM SERVICE EXPENSES	144.
MANAGEMENT AND GENERAL EXPENSES	19.
FUNDRAISING EXPENSES	29.
TOTAL EXPENSES	192.

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Name of the organization  A SENSE OF HOME	Employer identification number 47-3814056
TRASH SERVICE:	
PROGRAM SERVICE EXPENSES	133.
MANAGEMENT AND GENERAL EXPENSES	18.
FUNDRAISING EXPENSES	26.
TOTAL EXPENSES	177.
DUES & SUBSCRIPTION:	
PROGRAM SERVICE EXPENSES	15.
MANAGEMENT AND GENERAL EXPENSES	100.
FUNDRAISING EXPENSES	40.
TOTAL EXPENSES	155.
PARKING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	126.
TOTAL EXPENSES	126.
OFFICE SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	66.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66.
PENALTIES:	
PROGRAM SERVICE EXPENSES	49.
MANAGEMENT AND GENERAL EXPENSES	6.
FUNDRAISING EXPENSES	10 . Schedule O (Form 990 or 990-EZ) (2019

Name of the organization  A SENSE OF HOME	Employer identification number 47 – 3814056
TOTAL EXPENSES	65.
POSTAGE & DELIVERY:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	34.
TOTAL EXPENSES	34
NEW HIRE BACKGROUND CHECK:	
PROGRAM SERVICE EXPENSES	30
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	30
PARKING:	
PROGRAM SERVICE EXPENSES	18
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	18
BACKGROUND CHECK:	
PROGRAM SERVICE EXPENSES	2
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	1.
TOTAL EXPENSES	3
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