

ELECTRONIC FILING STATUS REPORT

<i>TAXING AUTHORITY</i>	<i>RETURN STATUS</i>	<i>ELECTRONIC FILING STATUS</i>	<i>DATE EXPORTED</i>
FEDERAL FORM 990	DISQUALIFIED		
FEDERAL EXTENSION (FORM 990)	QUALIFIED	ACCEPTED	05/14/2019
FEDERAL EXTENSION (FORM 990-T)	QUALIFIED	ACCEPTED	05/14/2019
FEDERAL FORM 990-T	NOT ALLOWED		
MINNESOTA	NOT ALLOWED		

2018 Tax Return(s)

Prepared for URBAN HOMEWORKS, INC
CLIENT CODE: 81156

Account Number 790416
Release Number 2018.04010

Prepared by MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.
10 RIVER PARK PLAZA, SUITE 800
SAINT PAUL, MN
55107

(651)227-6695

Processing Date: 08/08/2019
Time: 11:09:23

**Special
Instructions**

Messages

Return Information

ELECTRONIC FILING

- . Electronic Filing. The Form 990 return is disqualified from electronic filing. Please refer to the diagnostics following this message to see the reasons for the disqualification. (49000)
- . Electronic Filing. An entry has been made on the Return Options worksheet, Miscellaneous Print Options section, Schedule B Print Code field to prepare a "Public Disclosure Copy" of Schedule B. This option, to suppress the contributor's names and addresses, is not valid for electronically filed returns. Note that effective with tax year 2018 certain types of organizations are no longer required to include contributor's names and addresses on Schedule B. This process will be done automatically when appropriate. No corresponding input is required. (49014)

CAUTION

- . Form 990. An entry has been made on the Return Options worksheet, Miscellaneous Print Options section, Schedule B print code field, to suppress the contributor's names and addresses on Schedule B, Schedule of Contributors. Please note that the version of the federal return that is produced by this entry has had this contributor information suppressed and is intended to be used ONLY for public inspection purposes. DO NOT use this version for the IRS filing copy or state filing copy unless specifically instructed by the state to omit this information. The notation "PUBLIC DISCLOSURE COPY" has been printed at the top of Form 990, page 1. Note that the 'Government Copy' should be used for public inspection purposes. A special "Public Disclosure Copy" cover sheet will be produced. Note that effective with tax year 2018 certain types of organizations are no longer required to include contributor's names and addresses on Schedule B. This process will be done automatically when appropriate. No corresponding input is required. (20104)
- . Schedule B. An entry has been made on the Return Options worksheet, Miscellaneous Print Options section, Schedule B print code field, to suppress the contributor's names and addresses on Schedule B, page 2. Consequently, this information has been omitted and the notation "PUBLIC DISCLOSURE COPY" has been printed at the top of Schedule B, page 1. Be sure that this version of Schedule B is used only for public inspection purposes. This should NOT be used for the IRS filing copy or state filing copy unless specifically instructed by the state to omit this information. Note that effective with tax year 2018 certain types of organizations are no longer required to include contributor's names and addresses on Schedule B. This process will be done automatically when appropriate. No corresponding input is required. (20238)

Return Information

- Form 990. Part XII, line 2c. If the organization has answered line 2c as "Yes" it should use Schedule O to explain if the process has changed from the prior year. Use the Schedule O worksheet with an explanation code of "23." The explanation will appear on Schedule O in the appropriate sequence. (26012)
- Minnesota. Additional information is now required for the Minnesota Annual Report, Section C, line 3 for listing the five highest paid directors, officers and employees who receive compensation of more than \$100,000. If the compensation amounts required to be reported on line 3 are different for Minnesota than the corresponding amounts reported on federal Form 990 the federal State Use fields may be used to report the proper amounts for Minnesota. In this case the officer number must be entered on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, Etc. section. The corresponding officer number also needs to be entered on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, Etc. section, detail additional information for certain states: compensation, contributions to employee benefit plans and accounts and other allowances fields to provide the required state different information. (25952)
- Minnesota. Minnesota Tax ID is missing or invalid. A valid Minnesota Tax ID (which should be a seven-digit number and NOT all zeroes) is required for the Minnesota Department of Revenue to process scannable payment vouchers, and without it, the vouchers may be returned to taxpayers for correction. Review input on Federal Common State - State and City Common Data / General Information - Other Form Account/file number and re-calculate the return. (26339)
- Minnesota. Estimated tax payment vouchers have not been produced since the Minnesota tax liability is less than \$500. If an estimate is desired, enter 'Mandatory Estimate' or 'Prepare Estimate if Less than Threshold' in the Minnesota > Unrelated Business Income Tax Return > Estimated Taxes and Underpayment Penalty > Estimate Options worksheet estimate code field. (26060)

INFORMATIONAL

- Form 990, Parts IV and V. An entry has been made on the Return Options worksheet to print the notation "N/A" on certain lines on Form 990. Please note that this feature applies only to paper filing as there is no provision in the IRS schema to do likewise on an electronically filed return. Also note that this treatment is contrary to the official IRS instructions which is to leave these items blank when appropriate. Refer to the help screen for the corresponding field on the Return Options worksheet for additional information. (35929)

Return Information

- Form 990. Page 8, Part VII, line 2. The total number (1) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section, this calculated number will be incorrect. An entry may be made on the Form 990 worksheet, Other Compensation Information section to override this item. (33424)
- Schedule A. Page 2, Part II. The entries to identify excess contributions on the Schedule A worksheet, Support Schedule section, Identification of Excess Contributors fields, contained 20 individual(s) whose contributions were not in excess of the amount calculated for line 5 and consequently has/have been excluded from the amount on line 5. (30002)
- Form 990. Schedule D, Page 3, Part VIII. The amount of Investments - program related on Form 990, Page 11, Part X, line 13 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently in accordance with IRS instructions Schedule D, Part VIII has been left blank. (36034)
- Form 990. Schedule D, Page 3, Part IX. The amount of Other Assets on Form 990, Page 11, Part X, line 15 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently in accordance with IRS instructions Schedule D, Part IX has been left blank. (36035)
- Form 990-T, Page 1, Item H. The number of the organization's trades or businesses has been calculated from the corresponding information on Form 990-T and Schedule M (Form 990-T). If multiple trades or businesses have been reported on Form 990-T they may need to be separately reported on Schedule M instead. This should be reviewed and corrected as necessary. The number of trades or businesses on Form 990-T, Item H can be overridden by making an entry on the Form 990-T worksheet. General Information section. (30090)
- Schedule B, Page 2. The Contribution Type Code is missing for one or more contributors. This item has defaulted to a contribution type of 'Person.' Please review the contributor information on the Schedule B Schedule of Contributors worksheet and verify that this code and all other necessary data has been properly entered. (30275)

Return Information

- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$56,803 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 40 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)
- Electronic Filing. Form 8868 has been prepared for Form 990-T for electronic filing. The filing due date (05/15/19) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (30269)
- Electronic Filing. Form 8868 has been prepared for Form 990 for electronic filing. The filing due date (05/15/19) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (36358)
- Electronic Filing Extension. Form 8868 for Form 990-T has been selected for electronic filing. Since there is no payment due with the electronically filed Form 8868, Form 8879-EO is not required for signature authorization. The printing of Form 8879-EO, for Form 8868 will be suppressed. (36370)
- Electronic Filing Extension. The following EFIN 418807 is being used to electronically file Form 8868 for Forms 990 and 990-T. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37016)
- Electronic Filing Extension. The following Name Control URBA has been computed and is being used to electronically file Form 8868 for Forms 990 and 990-T for Urban Homeworks, Inc. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 8868 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37027)

Return Information

- . Electronic Filing Extension. Form 8868 for Form 990-T has been selected for electronic filing. If a printed copy of the extension is generated and electronic processing is completed, do not mail the printed copy of the extension to the IRS. (37219)
- . Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. Since there is no balance due with the electronically filed automatic extension, Form 8879-EO is not required for signature authorization. The preparation of Form 8879-EO for Form 8868 will be suppressed. (39480)
- . Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. (39484)
- . Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before May 15, 2019. Form 990-T is being prepared as a corporation and is also allowed one automatic 6-month extension. The extension for Form 990-T must be requested by filing Form 8868 on or before May 15, 2019. (34478)
- . Federal Form 990-T. Form 990-T has been prepared but is not available for electronic filing with the IRS. Form 990-T has been included in the printed government copy; please separately mail this form and all corresponding supporting forms and attachments to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027 (37200)

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2019

Name URBAN HOMEWORKS, INC	Employer Identification Number 41-1821520
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS	770,590.
FEDERAL AMT NET OPERATING LOSS	1,190,917.
MN NET OPERATING LOSS	1,742,570.

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R.....5,757,127

Section: Prior Year Expenses

Total expenses - O/R.....6,419,669

Revenue less expenses - O/R.....-662,542

Section: Statement of Functional Expenses

Officer comp - program service.....58,169

Officer comp - mgmt & general.....19,830

Officer comp - fundraising.....54,203

Depreciation - prog services.....471,675

Depreciation - mgmt & general.....20,918

Depreciation - fundraising.....3,947

Worksheet: State and City Common Data

Section: General Information

Email or website address - O/R.....CHAD.SCHWITTERS@URBANHOMEWORKS.ORG

JWANG@MUCR.COM - 06/28/19 11:37 WORKSHEET FORM 990 RETURN OF

PARNASSUS	203,466.00
	1,381,365.00
	<hr/>
	1,584,831.00
	<hr/> <hr/>

JWANG@MUCR.COM - 07/25/19 11:55 WORKSHEET FORM 990 RETURN OF

	1,842,798.00
	-1,145,196.00
	<hr/>
	697,602.00
	<hr/> <hr/>

TSHELDON@MUCR.COM - 08/05/19 14:51 PM WORKSHEET FORM 990 RETUR

	330,942.00
	134,977.00
	-183,198.00
	12,173.00
	<hr/>
	294,894.00
	<hr/> <hr/>

JWANG@MUCR.COM - 06/20/19 15:42 PM WORKSHEET FORM 990 RETURN O

BANK CHARGES	18,145.00
DUES AND SUBSCRIPTIONS	1,426.00
POSTAGE	47.00
TRAINING	1,962.00
	<hr/>
	21,580.00
	<hr/> <hr/>

JWANG@MUCR.COM - 06/20/19 15:43 PM WORKSHEET FORM 990 RETURN O

	12,535.00
	1,738.00
	3,009.00
	6,840.00
	<hr/>
	24,122.00
	<hr/> <hr/>

JWANG@MUCR.COM - 06/20/19 15:43 PM WORKSHEET FORM 990 RETURN O

	5,125.00
	395.00
	2,414.00
	6,210.00
	<hr/>
	14,144.00
	<hr/> <hr/>

List

JWANG@MUCR.COM - 06/20/19 15:46 PM WORKSHEET FORM 990 RETURN O

	144,475.00	
PARNASSUS INTEREST	1,381,365.00	
	<u>1,525,840.00</u>	

ABORDEN@MUCR.COM - 10/19/18 10:43 WORKSHEET FORM 990 RETURN O

RESTRICTED CASH	0.00	237,857.00
CONSTRUCTION ESCROWS	0.00	59,773.00
RC PARNASSUS	0.00	3,234,631.00
	<u>0.00</u>	<u>3,532,261.00</u>

ABORDEN@MUCR.COM - 10/19/18 10:22 WORKSHEET FORM 990 RETURN O

	0.00	43,964.00
	0.00	205,654.00
	<u>0.00</u>	<u>249,618.00</u>

ABORDEN@MUCR.COM - 10/19/18 10:23 WORKSHEET FORM 990 RETURN O

	0.00	72,794.00
PARNASSUS	0.00	2,750.00
	<u>0.00</u>	<u>75,544.00</u>

ABORDEN@MUCR.COM - 10/19/18 10:22 WORKSHEET FORM 990 RETURN O

	0.00	519,499.00
	0.00	547,792.00
	<u>0.00</u>	<u>1,067,291.00</u>

ABORDEN@MUCR.COM - 10/19/18 13:18 PM WORKSHEET FORM 990 RETURN O

	0.00	117,826.00
PARNASSUS	0.00	7,532.00
	<u>0.00</u>	<u>125,358.00</u>

ABORDEN@MUCR.COM - 10/19/18 10:31 WORKSHEET FORM 990 RETURN O

RENTAL PROPERTIES	0.00	14,026,073.00
OFFICE	0.00	737,723.00
	0.00	145,876.00
PARNASSUS	0.00	25,828,091.00
	<u>0.00</u>	<u>40,737,763.00</u>

List

ABORDEN@MUCR.COM - 10/19/18 10:32 WORKSHEET FORM 990 RETURN O

ABORDEN@MUCR.COM - 10/19/18 10:44 WORKSHEET FORM 990 RETURN O

CURRERNT PORTION	0.00	540,320.00
LT DEBT	0.00	5,149,943.00
DEFERRED DEBT	0.00	6,082,120.00
PARNASSUS	0.00	28,096,884.00
	0.00	-139,000.00
	<u>0.00</u>	<u>39,730,267.00</u>

ABORDEN@MUCR.COM - 10/19/18 14:14 PM WORKSHEET FORM 990 RETURN

	0.00	235,192.00
PARNASSUS	0.00	-1,190,917.00
	<u>0.00</u>	<u>-955,725.00</u>

JWANG@MUCR.COM - 06/28/19 09:57 WORKSHEET FORM 990 RETURN OF

	154,974.00	0.00
PARNASSUS	2,488,260.00	0.00
	<u>2,643,234.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 09:59 WORKSHEET FORM 990 RETURN OF

RESTRICTED CASH	608,631.00	0.00
CONSTRUCTION ESCROWS	679.00	0.00
	<u>609,310.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:04 WORKSHEET FORM 990 RETURN OF

	465,701.00	0.00
	474,392.00	0.00
	<u>940,093.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:06 WORKSHEET FORM 990 RETURN OF

	135,190.00	0.00
	159,245.00	0.00
	<u>294,435.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:08 WORKSHEET FORM 990 RETURN OF

	52,080.00	0.00
	<u>52,080.00</u>	<u>0.00</u>

List

JWANG@MUCR.COM - 06/28/19 10:09 WORKSHEET FORM 990 RETURN OF

RENTAL PROPERTIES	14,033,194.00	0.00
OFFICE	737,723.00	0.00
PARNASSUS	25,828,091.00	0.00
EQUIPMENT	160,486.00	0.00
	<u>40,759,494.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:11 WORKSHEET FORM 990 RETURN OF

	2,804,640.00	0.00
	257,271.00	0.00
	290,978.00	0.00
	<u>3,352,889.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:14 WORKSHEET FORM 990 RETURN OF

	42,499.00	0.00
	902,275.00	0.00
	<u>944,774.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:14 WORKSHEET FORM 990 RETURN OF

	295,755.00	0.00
	1,707,428.00	0.00
	<u>2,003,183.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:15 WORKSHEET FORM 990 RETURN OF

	719,739.00	0.00
	1,039,220.00	0.00
	<u>1,758,959.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:17 WORKSHEET FORM 990 RETURN OF

AP	210,324.00	0.00
ACCRUED PAYROLL	42,582.00	0.00
ACCRUED INTEREST	99,489.00	0.00
OTHER	18,244.00	0.00
AP PARNASSUS	1,159,079.00	0.00
	<u>1,529,718.00</u>	<u>0.00</u>

List

JWANG@MUCR.COM - 06/28/19 10:19 WORKSHEET FORM 990 RETURN OF

502,000.00	0.00
240,000.00	0.00
<u>742,000.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:20 WORKSHEET FORM 990 RETURN OF

NOTE 15	105,122.00	0.00
	<u>105,122.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:20 WORKSHEET FORM 990 RETURN OF

CURRERNT PORTION	1,324,129.00	0.00
LT DEBT	3,364,838.00	0.00
DEFERRED DEBT	6,082,120.00	0.00
PARNASSUS	27,636,884.00	0.00
	-105,122.00	0.00
	843,736.00	0.00
	<u>39,146,585.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:23 WORKSHEET FORM 990 RETURN OF

	706,632.00	0.00
PARNASSUS	-770,590.00	0.00
	<u>-63,958.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:37 WORKSHEET SCHEDULE D - SUPPLE

902,275.00	0.00
42,499.00	0.00
<u>944,774.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:38 WORKSHEET SCHEDULE D - SUPPLE

14,033,194.00	0.00
737,723.00	0.00
25,828,091.00	0.00
<u>40,599,008.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:38 WORKSHEET SCHEDULE D - SUPPLE

2,804,640.00	0.00
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List

257,271.00	0.00
290,978.00	0.00
-115,512.00	0.00
<u>3,237,377.00</u>	<u>0.00</u>

JRUUD@MUCR.COM - 10/03/17 11:10 AM WORKSHEET FORM 990-T EXEMPT

25,828,091.00	25,828,091.00
-290,978.00	-290,978.00
<u>25,537,113.00</u>	<u>25,537,113.00</u>

JRUUD@MUCR.COM - 09/13/17 11:15 WORKSHEET SCHEDULE B SCHEDULE

0.00	0.00
0.00	0.00
<u>0.00</u>	<u>0.00</u>

ABORDEN@MUCR.COM - 10/22/18 08:33 AM WORKSHEET SCHEDULE B SCHE

0.00	40,000.00
0.00	10,000.00
<u>0.00</u>	<u>50,000.00</u>

JRUUD@MUCR.COM - 09/13/17 11:19 WORKSHEET SCHEDULE B SCHEDULE

50,000.00	0.00
40,000.00	0.00
<u>90,000.00</u>	<u>0.00</u>

JRUUD@MUCR.COM - 09/13/17 11:14 WORKSHEET SCHEDULE B SCHEDULE

0.00	0.00
0.00	0.00
<u>0.00</u>	<u>0.00</u>

JRUUD@MUCR.COM - 09/13/17 11:19 WORKSHEET SCHEDULE B SCHEDULE

0.00	0.00
0.00	0.00
<u>0.00</u>	<u>0.00</u>

List

JRUUD@MUCR.COM - 09/13/17 11:24 WORKSHEET SCHEDULE B SCHEDULE

0.00	0.00
0.00	0.00
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0.00	0.00
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ABORDEN@MUCR.COM - 10/22/18 08:33 AM WORKSHEET SCHEDULE B SCHE

0.00	40,000.00
0.00	10,000.00
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0.00	50,000.00
<hr/>	<hr/>

ABORDEN@MUCR.COM - 10/22/18 09:24 AM WORKSHEET SCHEDULE B SCHE

GRANTS	0.00	10,000.00
	0.00	20,000.00
	<hr/>	<hr/>
	0.00	30,000.00
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JRUUD@MUCR.COM - 09/13/17 11:15 WORKSHEET SCHEDULE B SCHEDULE

0.00	0.00
0.00	0.00
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0.00	0.00
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JRUUD@MUCR.COM - 09/13/17 11:24 WORKSHEET SCHEDULE B SCHEDULE

0.00	0.00
0.00	0.00
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0.00	0.00
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JWANG@MUCR.COM - 07/25/19 12:25 WORKSHEET SCHEDULE B SCHEDULE

150,000.00	0.00
300,000.00	0.00
<hr/>	<hr/>
450,000.00	0.00
<hr/>	<hr/>

TYLERA - 04/20/15 11:59AM WORKSHEET FORM 990

ALLOWANCES	0.00	0.00
PROPERTY UNDER DEVELOPMENT	0.00	0.00
CONTRACT FOR DEED	0.00	0.00
	<hr/>	<hr/>
	0.00	0.00
	<hr/>	<hr/>

List

JRUUD@MUCR.COM - 09/13/17 13:41 PM WORKSHEET FORM 990 RETURN O

PARNASUS	0.00	0.00
	<u>0.00</u>	<u>0.00</u>

JRUUD@MUCR.COM - 09/13/17 13:41 PM WORKSHEET FORM 990 RETURN O

PARNASSUS	0.00	0.00
	<u>0.00</u>	<u>0.00</u>

TSHELDON@MUCR.COM - 10/23/18 11:06 WORKSHEET FORM 990 RETURN

384,615.00	564,209.00
1,621.00	-38,135.00
<u>386,236.00</u>	<u>526,074.00</u>

JRUUD@MUCR.COM - 09/13/17 13:26 PM WORKSHEET FORM 990 RETURN O

UHW	0.00	1,296,516.00
	<u>0.00</u>	<u>1,296,516.00</u>

JRUUD@MUCR.COM - 09/13/17 13:26 PM WORKSHEET FORM 990 RETURN O

UHW	0.00	0.00
	<u>0.00</u>	<u>0.00</u>

TSHELDON@MUCR.COM - 10/16/17 10:25 AM WORKSHEET FORM 990-T EXE

0.00	249,410.00
0.00	55,181.00
<u>0.00</u>	<u>304,591.00</u>

JWANG@MUCR.COM - 06/28/19 10:56 WORKSHEET FORM 990-T EXEMPT O

-33,570.00	0.00
1,306,250.00	0.00
<u>1,272,680.00</u>	<u>0.00</u>

JWANG@MUCR.COM - 06/28/19 10:56 WORKSHEET FORM 990-T EXEMPT O

19,536.00	0.00
8,071.00	0.00

List

40,000.00	0.00
<u>67,607.00</u>	<u>0.00</u>

JRUUD@MUCR.COM - 08/10/17 16:18 PM WORKSHEET SCHEDULE A PUBLIC

0.00	0.00
0.00	0.00
0.00	0.00
<u>0.00</u>	<u>0.00</u>

JRUUD@MUCR.COM - 08/10/17 16:14 PM WORKSHEET SCHEDULE A PUBLIC

0.00	0.00
0.00	0.00
<u>0.00</u>	<u>0.00</u>

TSHELDON@MUCR.COM - 08/05/19 14:59 PM WORKSHEET SCHEDULE A PUB

1,696,272.00	0.00
183,198.00	0.00
961,998.00	0.00
<u>2,841,468.00</u>	<u>0.00</u>

TSHELDON@MUCR.COM - 10/23/18 15:22 PM WORKSHEET SCHEDULE L - T

	0.00	5,242.00
TO MATCH FS	0.00	-1,122.00
	<u>0.00</u>	<u>4,120.00</u>

TONYAS - 05/19/15 04:30PM INTERVIEW FORM 990-14

TOTAL	138,516.00	0.00
LESS ACCOUNTING	-98,408.00	0.00
	<u>40,108.00</u>	<u>0.00</u>

2018 Return Summary

URBAN HOMEWORKS, INC 41-1821520

FORM 990:

TOTAL REVENUE	6,338,093.
TOTAL EXPENSES	5,640,144.
EXCESS <DEFICIT>	697,949.
BEGINNING NET ASSETS	4,321,395.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS	5,019,344.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	46,655,722.
ENDING TOTAL LIABILITIES	41,636,378.
ENDING TOTAL NET ASSETS OR FUND BALANCES	5,019,344.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.

FORM 990-T:

TAXABLE INCOME	0.
TAX	0.
TOTAL DUE <REFUND>	0.

2018 Return Summary

URBAN HOMEWORKS, INC

41-1821520

MINNESOTA ANNUAL REPORT:

TOTAL REVENUE	0.
TOTAL ASSETS	0.
TOTAL LIABILITIES	0.
BALANCE/NET WORTH	0.

MINNESOTA FORM M4NP:

TAXABLE INCOME	420,327.
TOTAL TAX	0.

2018 Return Summary

URBAN HOMEWORKS, INC

41-1821520

	FEDERAL	FEDERAL
FORM NAME	990	990-T
E-FILE REQUESTED	YES	NO **
DUE DATE	05/15/19	05/15/19
EXTENDED DUE DATE	11/15/19	11/15/19
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	08/08/19	08/08/19
TIME CALCULATED	11:09:00	11:09:00
RELEASE VERSION	2018.04010	2018.04010
DATE EXPORTED		
TIME EXPORTED		
EXPORT VERSION		

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

2018 Return Summary

URBAN HOMEWORKS, INC

41-1821520

	990 EXTN	990-T EXTN
FORM NAME	8868	8868
E-FILE REQUESTED	YES	YES
DUE DATE	05/15/19	05/15/19
EXTENDED DUE DATE	11/15/19	11/15/19
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	08/08/19	08/08/19
TIME CALCULATED	11:09:00	11:09:00
RELEASE VERSION	2018.04010	2018.04010
DATE EXPORTED	05/14/19	05/14/19
TIME EXPORTED	11:32:15	11:32:28
EXPORT VERSION	2018.04010	2018.04010

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

2018 Return Summary

URBAN HOMEWORKS, INC

41-1821520

	MINNESOTA	MINNESOTA
FORM NAME	ANNUAL REPORT	FORM M4NP
E-FILE REQUESTED	NO **	NO **
DUE DATE	07/15/19	05/15/19
EXTENDED DUE DATE		12/16/19
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	08/08/19	08/08/19
TIME CALCULATED	11:09:00	11:09:00
RELEASE VERSION	2018.04010	2018.04010
DATE EXPORTED		
TIME EXPORTED		
EXPORT VERSION		

** NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED



Mahoney Ulbrich Christiansen Russ P.A.
CERTIFIED PUBLIC ACCOUNTANTS

10 River Park Plaza, Suite 800 | Saint Paul, MN 55107
Phone: 651.227.6695 Fax: 651.227.9796 | www.mu-cr.com

August 8, 2019

Urban Homeworks, Inc
2015 Emerson Avenue North
Minneapolis, MN 55411
Attention: Chad Schwitters

Dear Chad:

Enclosed are copies of the 2018 Exempt Organization return, as follows...

2018 FEDERAL FORM 990:

This return has been ready for electronic filing. Form 8879-EO should be signed and dated by an officer and returned to our office as soon as possible. We will then submit your electronic Form 990 to the IRS by the due date of November 15, 2019. Do not mail the paper copy of the Form 990 to the IRS.

No payment is required.

2018 FORM 990-T:

Form 990-T should be signed and dated by an officer and mailed to the address below by November 15, 2019:

Internal Revenue Service Center
Ogden, UT 84201-0027

No payment is required. We recommend mailing Form 990-T via certified mail to ensure proof of timely filing.

MINNESOTA SECRETARY OF STATE ANNUAL REGISTRATION FOR A MINNESOTA NON-PROFIT CORPORATION:

This Registration is required to be filed annually with the Office of the Secretary of State. We have electronically filed your 2019 Non-Profit Corporation Annual Registration with the

Minnesota Secretary of State. Your corporation is in good standing in Minnesota through December 31, 2020.

No payment is required.

STATE OF MINNESOTA OFFICE OF ATTORNEY GENERAL CHARITABLE ORGANIZATION ANNUAL REPORT:

This report should be signed and dated by two officers and mailed/electronically filed by November 15, 2019. Your organization has two options for submission:

To electronically file the annual report:

- Submit the annual report, a copy of your audited financial statements, and a copy of your Federal Form 990 to the Attorney General's Office charity.registration@ag.state.mn.us. All materials submitted via email **must be in PDF format and the subject line of the email must contain the organization's legal name**. Emails not following these requirements may not be properly processed, which could result in noncompliant registration and reporting.
- Organizations may pay all required fees, including any late fees, electronically using the Attorney General's Office's [Electronic Payment of Fees](#) webpage or submit a check via U.S. mail at the address listed below. This electronic payment system has a self-directed, step-by-step process allowing charities to pay fees via credit or debit card through a dedicated webpage operated by U.S. Bank. Please note there is a nonrefundable processing fee charged by U.S. Bank for organizations that choose to pay required fees electronically.

If your Organization prefers, you may submit required materials (including a copy of your audited financial statements) by mail and pay required fees by check. Checks should be made payable to the "State of Minnesota." Required documents and payments should be mailed to the following address:

State of Minnesota
Attorney General's Office
Charities Unit
1200 Bremer Tower
445 Minnesota Street
Saint Paul, Minnesota 55101-2130

Payment of \$25 is required.

2018 FRANCHISE TAX FOR NONPROFIT ORGANIZATIONS FORM M4NP:

This return should be signed and dated by an officer and mailed to the address below by November 15, 2019:

Minnesota Revenue
Mail Station 1257
Saint Paul, MN 55146-1257

No payment is required. A complete copy of the Form 990-T should be included.

Please be advised that you are required by law to make your exemption application (Form 1023 or 1024) and your Forms 990 for the last three years available for public inspection. You must provide the entire 990, and if applicable, Schedules A and B, and 990-T; however, the names and addresses of the donors may be omitted from the Public Inspection copy. If a copy is requested, you may charge a reasonable fee for reproduction and actual postage costs. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the internet.

Sincerely,

Mahoney, Ulbrich, Christiansen & Russ P.A.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Urban Homeworks, Inc
2015 Emerson Avenue North
Minneapolis, MN 55411

Prepared By:

Mahoney, Ulbrich, Christiansen & Russ P.A.
10 River Park Plaza, Suite 800
Saint Paul, MN 55107

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Return Must be Mailed On or Before:

Special Instructions:

This copy of the return is provided for state filing purposes.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Urban Homeworks, Inc
2015 Emerson Avenue North
Minneapolis, MN 55411

Prepared By:

Mahoney, Ulbrich, Christiansen & Russ P.A.
10 River Park Plaza, Suite 800
Saint Paul, MN 55107

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Return Must be Mailed On or Before:

November 15, 2019

Special Instructions:

The return should be signed and dated.

FEDERAL INFORMATIONAL FORMS

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MCKNIGHT FOUNDATION	677,000.	364,641.
BELL LUMBER AND POLE COMPANY	470,000.	157,641.
OTTO BREMER FOUNDATION	350,000.	37,641.
CAROLINE AMPLATZ	1,200,000.	887,641.
DON & CAROL KREBS	1,101,750.	789,391.
MARK & KIM THOMPSON	405,450.	93,091.
Total Excess Contributions to Schedule A, Part II, Line 5		2,330,046.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Urban Homeworks, Inc
2015 Emerson Avenue North
Minneapolis, MN 55411

Prepared By:

Mahoney, Ulbrich, Christiansen & Russ P.A.
10 River Park Plaza, Suite 800
Saint Paul, MN 55107

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Minnesota Revenue
Mail Station 1257
St. Paul, MN 55146-1257

Return Must be Mailed On or Before:

December 16, 2019

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Urban Homeworks, Inc
2015 Emerson Avenue North
Minneapolis, MN 55411

Prepared By:

Mahoney, Ulbrich, Christiansen & Russ P.A.
10 River Park Plaza, Suite 800
Saint Paul, MN 55107

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2018 Annual Report on the check or money order.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

FILEABLE FORMS

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization URBAN HOMEWORKS, INC</td> <td>D Employer identification number 41-1821520</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 612-724-9002</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 7,483,289.</td> </tr> <tr> <td>2015 EMERSON AVENUE NORTH</td> <td></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55411</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: CHAD SCHWITTERS SAME AS C ABOVE</td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.URBANHOMEWORKS.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1995 M State of legal domicile: MN</td> </tr> </table>	C Name of organization URBAN HOMEWORKS, INC		D Employer identification number 41-1821520	Doing business as		E Telephone number 612-724-9002	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,483,289.	2015 EMERSON AVENUE NORTH		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55411		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	F Name and address of principal officer: CHAD SCHWITTERS SAME AS C ABOVE		If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.URBANHOMEWORKS.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: MN
C Name of organization URBAN HOMEWORKS, INC		D Employer identification number 41-1821520																										
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Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,483,289.																										
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J Website: ▶ WWW.URBANHOMEWORKS.ORG																												
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: MN																										

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PERPETUATE THE HOPE OF JESUS CHRIST THROUGH INNOVATIVE COMMUNITY DEVELOPMENT THAT PRODUCES
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 38
	6 Total number of volunteers (estimate if necessary) 6 1608
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,801,692.
b Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,563,048. 2,840,129.
	9 Program service revenue (Part VIII, line 2g) 3,552,930. 3,681,162.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -358,851. -183,198.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,757,127. 6,338,093.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,248,991. 1,773,573.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 611,371.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,170,678. 3,866,571.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,419,669. 5,640,144.	
19 Revenue less expenses. Subtract line 18 from line 12 -662,542. 697,949.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 48,172,901. 46,655,722.
	21 Total liabilities (Part X, line 26) 43,851,506. 41,636,378.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,321,395. 5,019,344.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ CHAD SCHWITTERS, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LANCE J. BROCK	Preparer's signature	Date 08/08/19	Check if self-employed <input type="checkbox"/>	PTIN P01919631
	Firm's name ▶ MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.	Firm's EIN ▶ 41-1647057			
	Firm's address ▶ 10 RIVER PARK PLAZA, SUITE 800 SAINT PAUL, MN 55107	Phone no. (651) 227-6695			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PERPETUATE THE HOPE OF JESUS CHRIST THROUGH INNOVATIVE COMMUNITY DEVELOPMENT THAT PRODUCES EQUITABLE DIGNIFIED HOUSING, A STRATEGIC NETWORK OF GOOD NEIGHBORS AND THE REDEMPTIVE DEVELOPMENT OF REAL ESTATE.

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

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

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

4a (Code:) (Expenses \$ 697,602. including grants of \$) (Revenue \$ 294,894.) REAL ESTATE DEVELOPMENT -

ACQUISITION OF HOUSING:

URBAN HOMEWORKS HAS CONSTRUCTED, REHABILITATED AND MANAGED SCATTERED, MULTI-UNIT AND SINGLE-FAMILY HOUSING IN DISTRESSED AREAS OF MINNEAPOLIS AND ST. PAUL SINCE 1995. WE ARE UNIQUE IN THE TWIN CITIES IN OUR FOCUS ON SMALLER, MULTI-UNIT RENTAL PROPERTIES. WE HAVE COMMITTED TO THIS APPROACH TO BUILDING HEALTHY NEIGHBORHOODS THROUGH MULTIPLE ACCESS POINTS IN THE HOUSING ECOSYSTEM. SPECIFICALLY, THESE PROPERTIES, ALONG WITH AFFORDABLE SINGLE-FAMILY HOMES, PROVIDE CRITICAL ACCESS TO FAMILY-SIZED RENTAL PROPERTIES AND HOMEOWNERSHIP FOR OUR LARGEST

4b (Code:) (Expenses \$ 1,803,937. including grants of \$) (Revenue \$ 1,346,084.) RENTAL PROGRAMS -

OCCUPANCY OF HOUSING:

HOUSING - RENTAL PROGRAMMING - OUR RESTORED UNITS ARE WELL-BUILT, MAINTAINED, AFFORDABLE RENTAL OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES PRICED OUT OF MANY TWIN CITIES RENTAL MARKETS. PARTNERSHIPS WITH LOCAL SOCIAL SERVICE ORGANIZATIONS PROVIDE ADDITIONAL SUPPORT BY SERVING AS ADVOCATES FOR THE RESIDENTS AND PROVIDING NECESSARY SOCIAL SERVICES. RESOURCES FROM THESE SOCIAL SERVICE PARTNERS, COMBINED WITH A SUPPORTIVE LANDLORD AND QUALITY, DIGNIFIED HOUSING, WEAVE A WEB OF SUPPORT FOR PROGRAM PARTICIPANTS. THROUGH STABLE, DIGNIFIED RENTAL

4c (Code:) (Expenses \$ 1,584,831. including grants of \$) (Revenue \$ 55,294.) OTHER PROGRAMS:

INCLUDES OTHER COMMUNITY DEVELOPMENT ACTIVITIES NOT DIRECTLY RELATED TO THE RENTAL OR REAL ESTATE DEVELOPMENT PROGRAMS, BUT ARE IN LINE WITH THE ORGANIZATION'S MISSION.

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

4e Total program service expenses 4,086,370.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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		38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	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:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
	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		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?		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?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

Section 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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **L**
LISSA GRABOWSKI - 612-772-9101
2015 EMERSON AVE N, MINNEAPOLIS, MN 55411

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MILO ARKEMA VICE CHAIR	1.00	X		X				0.	0.	0.
(2) PAULA HAYWOOD CHAIR	1.00	X		X				0.	0.	0.
(3) STEVE FIRKUS DIRECTOR	1.00	X						0.	0.	0.
(4) COLLIN BARR TREASURER	1.00	X		X				0.	0.	0.
(5) TERRY BECKER DIRECTOR	1.00	X						0.	0.	0.
(6) JANICE DOWNING DIRECTOR	1.00	X						0.	0.	0.
(7) BECKY LANDON DIRECTOR	1.00	X						0.	0.	0.
(8) CALVIN LITTLEJOHN SECRETARY	1.00	X		X				0.	0.	0.
(9) AMANDA NORMAN DIRECTOR	1.00	X						0.	0.	0.
(10) KAYLA SCHUCHMAN DIRECTOR	1.00	X						0.	0.	0.
(11) LEE SCHAFFER DIRECTOR	1.00	X						0.	0.	0.
(12) CHAD SCHWITTERS EXECUTIVE DIRECTOR	50.00			X				132,203.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							132,203.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							132,203.	0.	0.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	182,864.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,657,265.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,840,129.			
Program Service Revenue	2 a RENTAL INCOME	Business Code 531110	3,147,776.	1,346,084.	1,801,692.	
	b PROGRAM REVENUE	900099	386,236.	386,236.		
	c INTEREST INCOME ON LOANS	900099	134,977.	134,977.		
	d EQUITY EARNINGS IN NORTHSIDE HOME	900099	12,173.	12,173.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,681,162.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	961,998.			
		b Less: cost or other basis and sales expenses		1,145,196.		
		c Gain or (loss)		-183,198.		
	d Net gain or (loss)		-183,198.	-183,198.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			6,338,093.	1,696,272.	1,801,692.	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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	132,202.	58,169.	19,830.	54,203.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,268,737.	683,808.	313,601.	271,328.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	205,408.	134,351.	44,571.	26,486.
10 Payroll taxes	167,226.	71,346.	70,740.	25,140.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	98,408.		98,408.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	139,371.	65,902.	40,108.	33,361.
12 Advertising and promotion	18,441.		152.	18,289.
13 Office expenses	59,846.	21,580.	24,122.	14,144.
14 Information technology	166,358.	34,568.	114,467.	17,323.
15 Royalties				
16 Occupancy	4,928.	4,928.		
17 Travel	13,421.	8,890.	2,687.	1,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	98,498.	9,057.	12,210.	77,231.
20 Interest	1,608,717.	1,525,840.	82,877.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	496,540.	471,675.	20,918.	3,947.
23 Insurance	127,531.	83,960.	43,349.	222.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS	298,362.	283,409.	14,953.	
b UTILITIES	265,353.	253,172.	12,181.	
c PROPERTY TAXES	157,764.	157,453.	311.	
d SUPPLIES	78,994.	56,950.	20,101.	1,943.
e All other expenses	234,039.	161,312.	6,817.	65,910.
25 Total functional expenses. Add lines 1 through 24e	5,640,144.	4,086,370.	942,403.	611,371.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	125,358.	1	2,643,234.
	2 Savings and temporary cash investments	3,532,261.	2	609,310.
	3 Pledges and grants receivable, net	1,067,291.	3	940,093.
	4 Accounts receivable, net	249,618.	4	294,435.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,544.	9	52,080.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,704,268.		
	b Less: accumulated depreciation	10b 3,352,889.	38,824,847.	10c 38,351,379.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	3,064,917.	13	2,003,183.
	14 Intangible assets	4,390.	14	3,049.
	15 Other assets. See Part IV, line 11	1,228,675.	15	1,758,959.
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,172,901.	16	46,655,722.	
Liabilities	17 Accounts payable and accrued expenses	3,085,976.	17	1,529,718.
	18 Grants payable		18	
	19 Deferred revenue	791,607.	19	742,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	139,000.	22	105,122.
	23 Secured mortgages and notes payable to unrelated third parties	39,730,267.	23	39,146,585.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,656.	25	112,953.
	26 Total liabilities. Add lines 17 through 25	43,851,506.	26	41,636,378.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-955,725.	27	-63,958.
	28 Temporarily restricted net assets	5,277,120.	28	5,083,302.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,321,395.	33	5,019,344.	
34 Total liabilities and net assets/fund balances	48,172,901.	34	46,655,722.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,338,093.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,640,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	697,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,321,395.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,019,344.

Part XII Financial Statements and Reporting

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

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

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

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

2018

Open to Public Inspection

Name of the organization: URBAN HOMEWORKS, INC
Employer identification number: 41-1821520

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3352430.	4422692.	2439667.	2563048.	2840129.	15617966.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3352430.	4422692.	2439667.	2563048.	2840129.	15617966.
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)						2330046.
6 Public support. Subtract line 5 from line 4.						13287920.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3352430.	4422692.	2439667.	2563048.	2840129.	15617966.
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 Total support. Add lines 7 through 10						15617966.
12 Gross receipts from related activities, etc. (see instructions)					12	7,591,217.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	85.08	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	86.75	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

URBAN HOMEWORKS, INC

Employer identification number

41-1821520

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization URBAN HOMEWORKS, INC	Employer identification number 41-1821520
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization URBAN HOMEWORKS, INC	Employer identification number 41-1821520
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization URBAN HOMEWORKS, INC	Employer identification number 41-1821520
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

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2018

Open to Public Inspection

Name of the organization URBAN HOMEWORKS, INC Employer identification number 41-1821520

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		944,774.		944,774.
b Buildings		40,599,008.	3,237,377.	37,361,631.
c Leasehold improvements				
d Equipment		160,486.	115,512.	44,974.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,351,379.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	112,953.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	112,953.

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

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

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

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

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

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

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

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 IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME.

URBAN HOMEWORKS, INC. AND ITS WHOLLY OWNED LLC'S FILE A CONSOLIDATED INCOME TAX RETURN.

THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. FEDERAL AND STATE TAX AUTHORITIES HAVE THE RIGHT TO EXAMINE

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Name of the organization

URBAN HOMEWORKS, INC

Employer identification number

41-1821520

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ANONYMOUS	BOARD MEMBER	FINANCE	X		23,800.	23,800.		X	X		X	
ANONYMOUS	BOARD MEMBER	FINANCE	X		24,890.	24,890.		X	X		X	
ANONYMOUS	BOARD MEMBER	FINANCE	X		2,150.	11,083.		X	X		X	
ANONYMOUS	BOARD MEMBER	FINANCE	X		4,120.	2,150.		X	X		X	
ANONYMOUS	BOARD MEMBER	FINANCE	X		1,900.	1,900.		X	X		X	
ANONYMOUS	BOARD MEMBER	FINANCE	X		13,890.	13,890.		X	X		X	
ANONYMOUS	BOARD MEMBER	FINANCE	X		33,250.	27,409.		X	X		X	
Total						▶ \$ 105,122.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANONYMOUS	BOARD MEMBER	105,122.	MULTIPLE LO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ANONYMOUS

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 23,800. (F) BALANCE DUE \$ 23,800.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ANONYMOUS

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 24,890. (F) BALANCE DUE \$ 24,890.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ANONYMOUS

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 2,150. (F) BALANCE DUE \$ 11,083.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ANONYMOUS

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 4,120. (F) BALANCE DUE \$ 2,150.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ANONYMOUS

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 1,900. (F) BALANCE DUE \$ 1,900.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ANONYMOUS

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 13,890. (F) BALANCE DUE \$ 13,890.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ANONYMOUS

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: FINANCE REAL ESTATE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANONYMOUS

(D) DESCRIPTION OF TRANSACTION: MULTIPLE LOANS TO THE ORGANIZATION.

OUTSTANDING BALANCES AS OF 12/31/18.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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2018

Open to Public
Inspection

Name of the organization

URBAN HOMEWORKS, INC

Employer identification number

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

EQUITABLE DIGNIFIED HOUSING, A STRATEGIC NETWORK OF GOOD NEIGHBORS AND
THE REDEMPTIVE DEVELOPMENT OF REAL ESTATE.

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

DEMOGRAPHIC OF HOUSING PARTICIPANTS - FAMILIES IN NEED OF 3 OR MORE
BEDROOMS. SINCE THE ORGANIZATION WAS FOUNDED, IT HAS REHABILITATED,
RENTED AND MANAGED OVER 170 UNITS.

REHABILITATION OF HOUSING:

OUR MODEL FOR REHABILITATING HOUSING LEVERAGES OUR HOUSING DEVELOPMENT
AND CONSTRUCTION PROCESS TO MAXIMIZE THE ECONOMIC AND SOCIAL BENEFIT TO
THE COMMUNITIES WE SERVE. RECLAIMING ABANDONED/FORECLOSED PROPERTIES
IS A COST-EFFECTIVE APPROACH TO INCREASING THE HOUSING SUPPLY IN THE
TWIN CITIES. WE HAVE LOOKED AT OUR REAL ESTATE DEVELOPMENT EFFORTS AND
DETERMINED THE INVESTMENT CAN DO MORE THAN JUST ADD MUCH NEEDED HOUSING
UNITS; OUR AFFORDABLE HOUSING INVESTMENTS ARE DIRECTLY TIED TO OUR
EFFORTS TO TRIGGER BOTH A HOUSING AND ECONOMIC RECOVERY THROUGH
PARTNERSHIPS, HANDS-ON TRAINING AND JOB CREATION.

THROUGH COLLABORATION, OUR MODEL IS DESIGNED TO EXPAND ECONOMIC
OPPORTUNITIES AND THE ECONOMIC IMPACT OF OUR WORK IN THE COMMUNITIES WE
SERVE THROUGH LOCALIZED HIRING OF UNDERUTILIZED LOCAL, MINORITY, FEMALE
AND SECTION 3 SUBCONTRACTORS AND TRAINEES; DELIBERATE TRAINING OF
INDIVIDUALS WITH BARRIERS TO WORK AND AT-RISK YOUTH; JOB CONNECTIONS

Name of the organization

URBAN HOMEWORKS, INC

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AND JOB CREATION. THIS COMPONENT OF OUR PROGRAM ENSURES DOLLARS INVESTED IN HOUSING REMAIN IN THE COMMUNITY IN WHICH THEY ARE INTENDED TO BENEFIT - THUS LAYERING THE IMPACT OF THE HOUSING DEVELOPMENT INVESTMENT. ALL CONSTRUCTION TRAINING COMPLETED ON URBAN HOMEWORKS' WORKSITES ARE DONE IN PARTNERSHIP WITH OUR TRAINING PARTNERS: GOODWILL EASTER SEALS AND TREE TRUST'S YOUTHBUILD PROGRAMMING.

CONSTRUCTION SKILLS TRAINEES ARE MALE AND FEMALE LOCALIZED RESIDENTS IN OUR SERVICE AREA WHO ARE UNEMPLOYED AND LOW-INCOME HOUSEHOLDS AND UNDER EMPLOYED PRIOR TO ENTRY INTO THE PROGRAM. MANY HAVE BARRIERS TO FULL TIME EMPLOYMENT PRIOR TO PROGRAM PARTICIPATION. CONSTRUCTION SKILLS TRAINING ACTIVITIES OCCUR ON OUR HOUSING DEVELOPMENT WORK-SITES. THROUGH DELIBERATE PROJECT DESIGN, WE HAVE EMBEDDED HIGH-TOUCH WORK FORCE DEVELOPMENT WITH HARD CONSTRUCTION SKILLS TRAINING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROPERTIES, INDIVIDUALS ARE ABLE TO BECOME PART OF THEIR COMMUNITY SUPPORT STRUCTURES, SCHOOLS AND ECONOMIC OPPORTUNITIES.

HOUSING - OWNERSHIP PROGRAMMING - PROJECT: RECLAIM PRESERVES EXISTING AFFORDABLE HOUSING BY CAPTURING PROPERTIES THAT HAVE NOT BEEN MAINTAINED AS VIABLE UNITS BY MARKET FORCES, AND RESTORES THEM TO THEIR HIGHEST USE: PERPETUALLY AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES THAT ARE CONTRIBUTING PHYSICAL ASSETS FOR THE NEIGHBORHOOD. PROJECT: RECLAIM MITIGATES THE ECONOMIC AND SOCIAL IMPACT OF UNDERUTILIZED, VACANT AND/OR FORECLOSED SINGLE FAMILY HOMES. PROJECT: RECLAIM HINGES ON A RESPONSIBLE CONTRACT FOR DEED WHICH ALLOWS FAMILIES TO BEGIN LIVING IN THE HOME WHILE THEY PARTICIPATE IN FINANCIAL LITERACY TRAINING

Name of the organization URBAN HOMEWORKS, INC	Employer identification number 41-1821520
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CAREFULLY DESIGNED TO PROVIDE THE OPPORTUNITY FOR ADEQUATE CREDIT REPAIR AND DEEP FINANCIAL EDUCATION TIED TO FINANCIAL STABILITY AND HOME OWNERSHIP. FAMILIES ACCEPTED INTO THE PROGRAM ARE COACHED EXTENSIVELY BY URBAN HOMEWORKS' STAFF AND COMMIT TO DEVELOPING AND EXECUTING A DETAILED, INDIVIDUAL WORK PLAN STARTING WITH HOMESTRETCH CLASSES FOLLOWED BY PRE-PURCHASE CLASSES AT CITY OF LAKES COMMUNITY LAND TRUST, FINANCIAL LITERACY/BUDGETING CLASSES AT BUILDWEALTH MN OR LUTHERAN SOCIAL SERVICES AND REGULARLY SCHEDULED MONTHLY CHECK-INS WITH URBAN HOMEWORKS' STAFF ALONG WITH QUARTERLY FINANCIAL REVIEWS TO ENSURE FINANCIAL GOALS AND BENCHMARKS ARE BEING MET. THE FINANCIAL EDUCATION COMMITMENT CONTINUES FOR AS LONG AS A PARTICIPANT IS IN THE CONTRACT FOR DEED PROGRAM (TYPICALLY 2-5 YEARS).

UNIQUE TO OUR MODEL IS OUR HIGH-TOUCH, REAL-WORLD APPLICATION OF FINANCIAL LEARNING. WE ARE CONNECTING INSTRUCTION TO OUTCOMES APPLICABLE TO INDIVIDUAL FAMILIES. THE DEPTH OF THIS COMBINED LEARNING/APPLICATION EXPERIENCE CREATES TRUE FINANCIAL KNOWLEDGE AND LONG-RANGE PLANNING THAT EXTENDS TO REDUCING DEBT, DECREASING MONTHLY HOUSING RELATED EXPENSES, SETTING AND ADHERING TO A MONTHLY BUDGET, INCREASING CREDIT SCORES AND FINDING WAYS TO INCREASE OR STABILIZE STREAMS OF INCOME. THE IMPACT OF OUR COMMITTED APPROACH TO FINANCIAL LITERACY HAS RESULTED IN IMPROVED FINANCIAL HEALTH FOR OUR PARTICIPANTS OVER TIME.

COMMUNITY ENGAGEMENT:

URBAN HOMEWORKS' APPROACH TO COMMUNITY ENGAGEMENT IS ROOTED IN THE GOAL THAT ALL PROGRAMS WE OPERATE ARE INEXTRICABLY LINKED TO THE AUTHENTIC EXPRESSION OF THE COMMUNITY'S VISION. THROUGH A CONTINUAL FEEDBACK

Name of the organization URBAN HOMEWORKS, INC	Employer identification number 41-1821520
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LOOP FROM ACQUISITION THROUGH OCCUPANCY, WE ARE BUILDING A COLLABORATIVE WEB OF DOVETAILED EXPERTISE TO COLLECTIVELY BUILD SUSTAINABLE, EQUITABLE SOLUTIONS ACROSS THE SOCIAL AND ECONOMIC CONTINUUM OF THE TWIN CITIES. ENGAGEMENT WORK HAPPENS ON A RESIDENT LEVEL THROUGH INFORMAL AND FORMAL NETWORKS, NEIGHBORHOOD EVENTS, CONNECTIONS WITH RESOURCES IN THE COMMUNITY, PARTICIPATION IN URBAN HOMEWORKS PLANNING AND WORK, AND MANY OTHER OPPORTUNITIES AS OUR PODS GROW ORGANICALLY AND RESPOND TO REAL-TIME CONDITIONS. POD AREAS ARE DETERMINED BY HAVING BOTH HIGH INSTANCES OF HOUSING INSTABILITY AND A HIGH NEED FOR ENGAGEMENT TO BUILD COMMUNITY NETWORKS.

AS PART OF OUR COMMUNITY ENGAGEMENT EFFORT, WE HAVE DEVELOPED OUR UNIQUE URBAN NEIGHBORS PROGRAM WHICH PLACES "URBAN NEIGHBORS" IN ONE UNIT OF A SMALL MULTI-FAMILY BUILDING, TYPICALLY A DUPLEX, TRIPLEX OR FOURPLEX. THE URBAN NEIGHBOR COMMUNITY IS A FAITH-MOTIVATED, MINISTRY-OF PRESENCE EXPERIENCE FOR COLLEGE STUDENTS AND WORKING PROFESSIONALS. URBAN NEIGHBORS VOLUNTEER 2-3 HOURS PER WEEK UNDER THE LEADERSHIP OF OTHER ORGANIZATIONS ALREADY WORKING IN THE COMMUNITY. TO DATE, THESE HOURS HAVE BEEN SERVED AT MORE THAN 40 NONPROFITS INCLUDING DINOMIGHTS, KINSHIP, ENGLISH LEARNING CENTER, AMERICAN INDIAN OIC, NEIGHBORHOOD SCHOOLS AND CHURCHES, AND MANY MORE.

AT URBAN HOMEWORKS, WE BELIEVE THAT PEOPLE POWER CAN TRIUMPH OVER SYSTEMIC OPPRESSION WHEN COMMUNITIES ARE PROVIDED THE NECESSARY TOOLS TO REMOVE SYSTEMATIC BARRIERS. WE FOSTER A PEOPLE ORIENTED DEVELOPMENT (POD) MODEL THAT BUILDS A COMMUNITY'S CAPACITY FOR SELF-RELIANCE, SOCIAL JUSTICE, AND PARTICIPATORY DECISION-MAKING THROUGH A FOCUS ON THE LEADERSHIP SKILLS OF THE INDIVIDUALS LIVING THERE. HOUSING IS A

Name of the organization

URBAN HOMEWORKS, INC

Employer identification number

41-1821520

FOUNDATION FOR PEOPLE TO STAND UPON AND REACH TOWARD THE SUCCESS THEY
SEEK AND BETTER ENGAGE WITHIN COMMUNITIES TO BRING SOCIAL AND POLITICAL
CHANGE AND EQUITY AND ENGAGEMENT INITIATIVES ARE AT THE CENTER OF ALL
OUR WORK. WE HAVE EXPANDED AND FORMALIZED OUR COMMUNITY LEADERSHIP
INITIATIVES WITH THE GOAL OF ENCOURAGING, EQUIPPING, IGNITING, AND
CATALYZING 100 CHANGE AGENTS WITHIN 1,000 UHW HOMES BY 2026.

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

MANAGEMENT AND THE EXECUTIVE COMMITTEE REVIEW THE 990 IN DETAIL. BOARD
APPROVES THE 990 PRIOR TO FILING WITH THE IRS.

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

MANAGEMENT PERIODICALLY COMMUNICATES THE CONFLICT OF INTEREST POLICY TO
STAFF AND THE BOARD AND REQUESTS ANY INDIVIDUAL WITH A CONFLICT OF INTEREST
TO STATE THE CONFLICT OF INTEREST IN WRITING OR AS PART OF APPLICABLE
MEETING MINUTES.

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

ANNUALLY, EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST DISCLOSURE
FORM WHICH IS REVIEWED BY THE FULL BOARD, OR THE EXECUTIVE DIRECTOR OR THE
CHAIRPERSON OF THE BOARD, AS APPROPRIATE.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT ORGANIZATION'S
OFFICE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **URBAN HOMEWORKS, INC** Employer identification number **41-1821520**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UHW R:R I, LLC - 27-3424708 2015 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	OWNER OF RENTAL PROPERTIES MANAGED BY URBAN HOMEWORKS, INC.	MINNESOTA	119,718.	1,081,785.	URBAN HOMEWORKS, INC.
UHW R:R II, LLC - 45-1003787 2015 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	OWNER OF RENTAL PROPERTIES MANAGED BY URBAN HOMEWORKS, INC.	MINNESOTA	186,283.	1,860,320.	URBAN HOMEWORKS, INC.
UHW R:R III, LLC - 45-5066558 2015 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	OWNER OF RENTAL PROPERTIES MANAGED BY URBAN HOMEWORKS, INC.	MINNESOTA	370,876.	3,795,759.	URBAN HOMEWORKS, INC.
UHW R:R IV, LLC - 45-2626083 2015 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	OWNER OF RENTAL PROPERTIES MANAGED BY URBAN HOMEWORKS, INC.	MINNESOTA	163,656.	1,810,688.	URBAN HOMEWORKS, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) URBAN HOMEWORKS, INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2015 EMERSON AVENUE NORTH</p> <p>City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55411</p>	<p>D Employer identification number (Employees' trust, see instructions.) 41-1821520</p> <p>E Unrelated business activity code (See instructions.) 531120</p>
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C Book value of all assets at end of year **25,537,113.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **RENTAL INCOME FROM CHARTER SCHOOL**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **LISSA GRABOWSKI** Telephone number ▶ **612-772-9101**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6	1,381,365.	420,327.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	1,801,692.	420,327.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	420,327.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	420,327.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	420,327.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1	35	420,327.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer: _____ Date: _____ Title: **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LANCE J. BROCK		08/08/19		P01919631
	Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.	Firm's EIN 41-1647057			
	Firm's address 10 RIVER PARK PLAZA, SUITE 800 SAINT PAUL, MN 55107			Phone no. (651) 227-6695	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) CS PROPERTY PARNASSUS LLC CHARTER SCHOOL RENTAL INCOME
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 2
(1)	1,801,692.	1,381,365.
(2)		
(3)		
(4)		
Total	0.	Total 1,801,692.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
1,801,692. ►		1,381,365. ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	971,980.	0.	971,980.	971,980.
12/31/17	218,937.	0.	218,937.	218,937.
NOL CARRYOVER AVAILABLE THIS YEAR			1,190,917.	1,190,917.

FORM 990-T

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		1,272,680.	
SITE, BUILDING, AND EQUIPMENT		11,867.	
CONSULTING FEES		67,607.	
INSURANCE		20,320.	
TAXES & ASSESSMENTS		8,891.	
- SUBTOTAL -	1		1,381,365.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			1,381,365.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. URBAN HOMEWORKS, INC	Employer identification number (EIN) or 41-1821520
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2015 EMERSON AVENUE NORTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55411	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISSA GRABOWSKI

- The books are in the care of ▶ **2015 EMERSON AVE N - MINNEAPOLIS, MN 55411**
Telephone No. ▶ **612-772-9101** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. URBAN HOMEWORKS, INC	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">41-1821520</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. 2015 EMERSON AVENUE NORTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55411	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISSA GRABOWSKI

- The books are in the care of ▶ **2015 EMERSON AVE N - MINNEAPOLIS, MN 55411**
 Telephone No. ▶ **612-772-9101** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization URBAN HOMEWORKS, INC

Federal EIN: 41-1821520

Fiscal Year-End: 12312018

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>CHAD SCHWITTERS</u> Contact Person <u>2015 EMERSON AVENUE NORTH</u> Street Address <u>MINNEAPOLIS, MN 55411</u> City, State, and ZIP Code <u>612-724-9002</u> Phone Number <u>CHAD.SCHWITTERS@URBANHOMEWORK</u> Email Address	Physical Address: <u>CHAD SCHWITTERS</u> Contact Person <u>2015 EMERSON AVENUE NORTH</u> Street Address <u>MINNEAPOLIS, MN 55411</u> City, State, and ZIP Code <u>612-724-9002</u> Phone Number <u>CHAD.SCHWITTERS@URBANHOMEWORKS.ORG</u> Email Address
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1. Organization's website: WWW.URBANHOMEWORKS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).
 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
URBAN HOMEWORKS, INC

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 279,303.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
CHAD SCHWITTERS EXECUTIVE DIRECTOR	132,203.	0.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

FUND BALANCE/NET WORTH	\$ _____	
(Line 14 minus Line 18)		

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

_____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

CHAD SCHWITTERS

Name (Print)

Signature

EXECUTIVE DIRECTOR

Title

Date

Name (Print)

Signature

Title

Date



2018 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax year beginning 01012018, 2018, and ending 12312018 (required)

Name of Organization URBAN HOMEWORKS, INC		FEIN 411821520	Minnesota Tax ID (required)
Mailing Address 2015 EMERSON AVENUE NORTH		This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
City MINNEAPOLIS	County HENNEPI	State MN	ZIP Code 55411
Check All That Apply: <input type="checkbox"/> Amended Return <input checked="" type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3)		Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:	
Enter Close Date:		Enter your NAICS Codes (see instructions, pg. 3) 531120 /	
Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was 100 percent of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	

You must round amounts to nearest whole dollar.

1 Federal taxable income before net operating loss and specific deduction (from federal Form 990-T, line 33; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c)	1	420327
2 Total additions to federal taxable income (from M4NPI, line 1)	2	
3 Federal taxable income after additions (add lines 1 and 2)	3	420327
4 Total subtractions from federal taxable income (from M4NPI, line 2)	4	
5 Federal taxable income (loss) after subtractions. (See instructions.) If you conducted business both within and outside Minnesota, complete M4NPA. (See instructions, pg. 6.) If 100 percent of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 5 on line 6	5	420327
6 Minnesota taxable net income (loss) (from M4NPA, line 10.) If 100 percent of your activities were conducted in Minnesota, enter amount from line 5 above.	6	420327
7 Minnesota net operating loss deduction (from M4NP NOL)	7	420327
8 Subtract line 7 from line 6 (if zero or less, enter zero)	8	0
9 Total deductions from taxable net income (from M4NPI, line 3)	9	
10 Taxable income (subtract line 9 from line 8; if zero or less, enter zero)	10	0
11 Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11	0
12 Proxy tax (see instructions, pg. 3)	12	
13 Tax before credits (add lines 11 and 12)	13	
14 Total credits against tax (from M4NPI, line 4)	14	
15 Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero)	15	

Continued next page

2018 M4NP UBIT Return, Page 2 (continued)

Name of Organization	FEIN	Minnesota Tax ID
URBAN HOMEWORKS, INC	411821520	

- 16 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3) **16** _____
 - 17 Add lines 15 and 16 **17** _____
 - 18 Total refundable credits (from M4NPI, line 5) **18** _____
 - 19 Amount credited from your 2017 Form M4NP, line 28 **19** _____
 - 20 2018 estimated tax payments **20** _____
 - 21 2018 extension payment **21** _____
 - 22 Total refundable credits and payments (add lines 18, 19, 20, and 21) **22** _____
 - 23 Subtract line 22 from line 17 **23** _____
 - 24 Penalty (determine from worksheet in the instructions, pg. 4) **24** _____
 - 25 Interest (determine from worksheet in the instructions, pg. 4) **25** _____
 - 26 Additional charge for underpayment of estimated tax (from M15NP, line 17) **26** _____
 - 27 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) **27** _____
 - 28 Amount from line 27 **28** _____
 - 29 Amount from line 22 **29** _____
 - 30 **AMOUNT DUE.** If line 28 is more than or equal to line 29, subtract line 29 from 28 **30** _____
- Payment method: Electronic (see inst., pg. 2) Check (see inst., pg. 2) Amended return payment by check (see inst., pg. 2)
- 31 **OVERPAYMENT.** If line 29 is more than line 28, subtract line 28 from line 29 **31** _____
 - 32 Amount of line 31 to be credited to your 2019 estimated tax **32** _____
 - 33 Refund (subtract line 32 from line 31) **33** _____

To have your refund direct deposited, enter your banking information below.

Account type: Routing number Account number (use an account not associated with any foreign banks)

Checking Savings

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature Paid Preparer's Signature Email Address for Correspondence, if Desired CHAD.SCHWITTERS@URBANHOMEWORKS.ORG	Title PTIN This email address belongs to (check one): <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer	Date Date Date	Daytime Phone Daytime Phone Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
	EXECUTIVE DIRECTOR		6127249002	
	P01919631	08082019	6512276695	

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257



2018 NOL, Net Operating Loss Deduction

Unitary businesses: Complete a separate Schedule NOL for each corporation that is carrying forward a net operating loss (NOL).

Name of Corporation	FEIN	Minnesota Tax ID
URBAN HOMEWORKS, INC	411821520	

Year	Taxable Net Income/Loss	Minnesota Losses Used	Losses Remaining
Oldest loss year			
12312016	-971980		-971980
Subsequent year 1			
12312017	-218937		-1190917
²			
12312018	420327	-420327	-770590
³			
⁴			
⁵			
⁶			
⁷			
⁸			
⁹			
¹⁰			
¹¹			
¹²			
¹³			
¹⁴			
¹⁵			
2018 Summary:		Net operating loss deduction	Total losses remaining (to be carried forward)
		420327	-770590

Enter on M4T, line 6

