### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Chase   Charmo of organization   CHWC, INC.	Ā	For th	e 2015 calendar year, or tax year beginning	and	ending		
CHWC, INC.    Section   Section   Children   Children						D Employer identif	ination number
Cong business as   As - 09 34 99 3   Doing business as   As - 09 34 99 3	_	applica	ole:			D Employer Identi	ication number
Cong business as   As - 09 34 99 3   Doing business as   As - 09 34 99 3	Г	Addi	ess CHWC INC.				
Number and street (or P.d. bux If mail is not delivered to street address)	F	Nam				19_0	1024002
Suppose	F	Initia		ivored to etreet address)	Dagarlavita		
City or town, state or province, country, and ZIP or foreign postal code   ANN ANS CITY   KS 66102   Flame and address of principal officer/BRENNAN CRAWFORD   Flame and address of principal officer/BRENNAN CRAWFORD   Flame and address of principal officer/BRENNAN CRAWFORD   Flower and principal principal principal principal princi	F	Final	2 ՀԱՄԱՄ 1/ՄԱ Հաբերա	ivered to street adoress)	Roomysuite		
Representation   Formula and address of principal officer, PRENNAN CRAWFORD   Formula and the powering body   Formula and address of principal officer, PRENNAN CRAWFORD   Formula and principal officer, prentation   Formula and principal officer, prentation   Formula and principal principal officer, prentation   Formula and principal pri	_	retur term	0-		L		
Facing		Ame	and a remaining of province, occurring, and	ZIP or foreign postal code			
SAME AS C ABOVE   SAME AS A S ABOVE   SAME AS C ABOVE   SAME AS A S ABOVE	F	retur	MANDAD CIII, NO 00102	MILL COLUMN			
Takewemort status:	_	Ition	F Name and address of principal officer:DKE	NNAN CRAWFORD			
Website:   WWW. CHYCKCK.ORG							
Reference   The proposition   The proposition				(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)
Part I   Summary							
Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0   Check this box				sociation Other ▶	L Year o	of formation: 1981	<b>M</b> State of legal domicile; $KS$
2 Check this box ▶	L	1					***************************************
B Net unrelated business taxable income from Form 990-T, line 34	é	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O	
B Net unrelated business taxable income from Form 990-T, line 34	ä						
B Net unrelated business taxable income from Form 990-T, line 34	ern	2					
B Net unrelated business taxable income from Form 990-T, line 34	Š	3	Number of voting members of the governing body	(Part VI, line 1a)		3	
B Net unrelated business taxable income from Form 990-T, line 34	∞ ∞	4	Number of independent voting members of the government	verning body (Part VI, line 1b)		4	
B Net unrelated business taxable income from Form 990-T, line 34	es	5	Total number of individuals employed in calendar y	ear 2015 (Part V, line 2a)		5	28
B Net unrelated business taxable income from Form 990-T, line 34	ivit	6	Total number of volunteers (estimate if necessary)			6	100
B Net unrelated business taxable income from Form 990-T, line 34	Act	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
Prior Vear   Current Year   S26 / 717    951 / 516 / 516   526 / 717    951 / 516 /	_	b	Net unrelated business taxable income from Form	990-T, line 34		7b	0.
9							Current Year
9 Program service revenue (Part VIII, Inine 2g) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 1-3) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part III 24 Signature Block  Differ preparer (other than officer) is based on all information of which preparer has any knowledge.  Primit Type preparer's name  LTSA BURKE  Preparer's signature  Primit saddress Part Saddress Part STREET, SUITE 1100  RANSAS CITY, MO 64112  Phone no. 816-945-5500	ō	8	Contributions and grants (Part VIII, line 1h)			526,717.	951,516.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   -99, 191.   -168, 344.     12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   500, 916.   919, 924.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   8,524.   128, 904.     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)   301, 860.   727, 860.     16 Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (A), line 25)   102, 928.     17 Other expenses (Part IX, column (A), line 25)   102, 928.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   658, 097.   1,502, 321.     19 Revenue less expenses. Subtract line 18 from line 12   -157, 181.   -582, 397.     18 Beginning of Current Year   End of Year     5 7, 15, 878.   5, 160, 804.     20 Total assets (Part X, line 16)   2, 969, 900.   2, 963, 593.     21 Total liabilities (Part X, line 26)   2, 969, 900.   2, 963, 593.     22 Net assets or fund balances. Subtract line 21 from line 20   2, 745, 978.   2, 197, 211.     Part III   Signature Block   Signature Block   Date   Signature BRENNAN CRAWFORD, EXECUTIVE DIRECTOR     Part IV ype or pont name and title   Preparer's signature   Date   Calcum   Prim's name   CBIZ MHM, LLC   Firm's name   Preparer's signature   Preparer's signature   Date   Calcum   Prim's name   CBIZ MHM, LLC   Prim's name   CBIZ MHM, LCC   Prim's name   CBIZ MHM,	enc	9	D : (D : 1 ) (D : 1 )			73,023.	136,369.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   -99, 191.   -168, 344.     12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   500, 916.   919, 924.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   8,524.   128, 904.     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)   301, 860.   727, 860.     16 Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (A), line 25)   102, 928.     17 Other expenses (Part IX, column (A), line 25)   102, 928.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   658, 097.   1,502, 321.     19 Revenue less expenses. Subtract line 18 from line 12   -157, 181.   -582, 397.     18 Beginning of Current Year   End of Year     5 7, 15, 878.   5, 160, 804.     20 Total assets (Part X, line 16)   2, 969, 900.   2, 963, 593.     21 Total liabilities (Part X, line 26)   2, 969, 900.   2, 963, 593.     22 Net assets or fund balances. Subtract line 21 from line 20   2, 745, 978.   2, 197, 211.     Part III   Signature Block   Signature Block   Date   Signature BRENNAN CRAWFORD, EXECUTIVE DIRECTOR     Part IV ype or pont name and title   Preparer's signature   Date   Calcum   Prim's name   CBIZ MHM, LLC   Firm's name   Preparer's signature   Preparer's signature   Date   Calcum   Prim's name   CBIZ MHM, LLC   Prim's name   CBIZ MHM, LCC   Prim's name   CBIZ MHM,	ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			383.
12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   500, 916.   919, 924.     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   8,524.   128,904.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0.	-					-99,191.	-168,344.
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   8 , 524   128 , 904   14   8   8   614   9   9   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   8   9   14   9   9   9   9   9   9   9   9   9		12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		500,916.	919,924.
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   301, 860   727, 860   16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0   0   0   0   0   0   0		13				8,524.	128,904.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   301, 860.   727, 860.		14				0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Š	15				301,860.	727,860.
To there expenses (Part IX, column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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  Print/Type or print name and title  Print/Type preparer's name  LISA BURKE  Preparer  Use Only  Time's address  700 WEST 47TH STREET, SUITE 1100  KANSAS CITY, MO 64112  Phone no. 816 - 945 - 5500	nse	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	
To there expenses (Part IX, column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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  Print/Type or print name and title  Print/Type preparer's name  LISA BURKE  Preparer  Use Only  Time's address  700 WEST 47TH STREET, SUITE 1100  KANSAS CITY, MO 64112  Phone no. 816 - 945 - 5500	çbe	b	Total fundraising expenses (Part IX, column (D), line	25) > 102,9	28.		
18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   658,097.   1,502,321.     19   Revenue less expenses. Subtract line 18 from line 12   -157,181.   -582,397.     20   Total assets (Part X, line 16)   5,715,878.   5,160,804.     21   Total liabilities (Part X, line 26)   2,969,900.   2,963,593.     22   Net assets or fund balances. Subtract line 21 from line 20   2,745,978.   2,197,211.     Part II   Signature Block	ш	17	Other expenses (Part IX, column (A), lines 11a-11d.	11f-24e)	1000000	347,713.	645.557.
19   Revenue less expenses. Subtract line 18 from line 12   -157,181.   -582,397.		18	Total expenses. Add lines 13-17 (must equal Part I)	C. column (A). line 25)			
Beginning of Current Year   End of Year   5,715,878   5,160,804   5,715,878   5,160,804   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,197,211   2,969,900   2,963,593   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,969,900   2,963,593   2,963,593   2,969,900   2,963,593		*					
Net assets or fund balances. Subtract line 21 from line 20	Soc						
Net assets or fund balances. Subtract line 21 from line 20	ets	20	Total assets (Part X. line 16)		1-03		
Net assets or fund balances. Subtract line 21 from line 20	Ass	21	T 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			2.969.900.	
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    BRENNAN CRAWFORD, EXECUTIVE DIRECTOR	ξĒ	22	* * * * * * * * * * * * * * * * * * * *				
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    BRENNAN CRAWFORD, EXECUTIVE DIRECTOR   Date	Pa	art II	Signature Block				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  BRENNAN CRAWFORD, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name LISA BURKE Preparer Firm's name CBIZ MHM, LLC Firm's address 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112  Phone no. 816-945-5500	14 11/2			ncluding accompanying schedules	s and stateme	nts, and to the hest of m	v knowledge and helief it is
Sign Here    Signature of officer   Date							y mio moogo and bonoi, it io
Here    BRENNAN CRAWFORD, EXECUTIVE DIRECTOR	<u> </u>				non propurer t	lac any kinomocogo.	
Here BRÉNNAN CRAWFORD, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name LISA BURKE  Preparer  Firm's name CBIZ MHM, LLC  Firm's address 700 WEST 47TH STREET, SUITE 1100  KANSAS CITY, MO 64112  Print/Type preparer's signature  Firm's EIN 34-1874260  Phone no. 816-945-5500	Siar	n	Signature of officer			Date	
Type or print name and title  Print/Type preparer's name LISA BURKE  Preparer  Firm's name CBIZ MHM, LLC  Use Only  KANSAS CITY, MO 64112  Preparer's signature  Date  Check PTIN  Firm's signature  Firm's slN > 34-1874260  Phone no. 816-945-5500			BRENNAN CRAWFORD, EXECU	TTTVE DIRECTOR			
Paid LISA BURKE		_					
Paid LISA BURKE   Firm's name   CBIZ MHM, LLC   Firm's address   700 WEST 47TH STREET, SUITE 1100   KANSAS CITY, MO 64112   Phone no. 816-945-5500			Print/Type oreparer's name	Prenarer's signature	T Da	te Check	TT PTIN
Preparer Firm's name CBIZ MHM, LLC Firm's EIN 34-1874260  Use Only KANSAS CITY, MO 64112 Phone no.816-945-5500	Paid	ļ		roparor o orginaturo		if	
Use Only Firm's address 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112 Phone no.816-945-5500							
KANSAS CITY, MO 64112 Phone no. 816-945-5500				REET. SHITTE 1100	)	THIII S LIN	0 ± ±0/±200
	-	-	KANSAS CITY, MO 6	54112	-	Phone no 81	6-945-5500
	Mav	the IF	· · · · · · · · · · · · · · · · · · ·			17 Holle Hu. O II	X Yes No

	n 990 (2015) CHWC, INC.	48-0934993	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>X</u>
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses, a	and
4a	(Code: ) (Expenses \$ 720, 184 • including grants of \$ ) (Revenue		<u>457.</u> )
	HOUSING AND COMMERCIAL DEVELOPMENT - CONTINUING REAL EST		
	ACTIVITY ON OVER 60 BUILDING LOTS, COMPLETION OF 9 NEW I OF 13 HOMES TO PROVIDE AFFORDABLE HOME OWNERSHIP FOR ARI	HOMES AND SA.	<u>г</u>
			· · · · · · · · · · · · · · · · · · ·
			<del></del>
4b	(Code: ) (Expenses \$ 268,364 • including grants of \$ ) (Revenue	s 6 . '	942.)
	COMMUNITY SERVICES - PROVIDED COMMUNITY ENGAGEMENT AND S	SAFETY SERVI	CES,
	HOMEBUYER EDUCATION CLASSES, AND MINOR HOME REPAIR SERV	ICES FOR ARE	A
	LOW-INCOME HOMEOWNERS IN WYANDOTTE COUNTY.		
		4404 to 10 t	
4c	(Code: ) (Expenses \$ 257,374. including grants of \$ 128,904.) (Revenu		956.)
	LENDING - PROVIDED ONGOING LOAN SERVICING TO OVER 40 HOMFIRST MORTGAGES, SECOND MORTGAGES, OWNER-OCCUPIED REHAB		
	DEFERRED MORTGAGES, PROVIDED DOWN-PAYMENT ASSISTANCE TO		
	HOMEOWNERS.	17 11111	
			~~~~~
4d	Other program services (Describe in Schedule O.)		
,	(Expenses S including grants of S ) (Revenue S	)	
4e	Total program service expenses ▶ 1,245,922.		
32002		Form <b>99</b>	<b>90</b> (2015)

## Form 990 (2015) CHWC, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
5	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		122
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<b> </b>	<del>                                     </del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<del> °</del>		- 22
ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ALMEROADA		422-52000,430
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		Х
<b>12</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	İ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
		Form	990 <i>u</i>	201E)

Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X				Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic operament on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 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 27 II "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II. 24 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 Docember 31, 2002? If "Yes," answer lines 240 through Add and complete Schedule II. 25 Did the organization menintain an escrew account other than a infunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization menintain an escrew account other than a infunding escrow at any time during the year? 26 Did the organization menintain an escrew account other than a infunding escrow at any time during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule I, Part II 28 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule I, Part II 29 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, director, trustee, in the part of t			<b>20</b> a		X
domestic government on Part IX, column (A), line 17 If "Fes," complete Schedule I, Parts I and II  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 27 If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and 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 atter December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule II will be organization minimal an escrew account other than a refunding secrew at any time during the year to defease any tax-exempt bonds?  24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  25c Did the organization minimal an escrew account other than a refunding secrew at any time during the year to defease any tax-exempt bonds?  25d Section 50(16)(8), 501(16)(4), and 501(16)(20 angonizations. Did the organization angels in an excess benefit transaction with a disqualified person advine the year? If "Yes," complete Schedule I, Part I  25d 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 specifies or part of the part of the organization and the organization 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 employees, pripates complete Schedule II. Part IV  25d 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, or ex	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 21 if "Yes," complete Schedule (Part I and III and I	21				
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  20 Did the organization assers "ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I who," go to line 25s.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "I who," go to line 25s.  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  27d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Section 601(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  28d Schedule I, Part I  28d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II  28d Id 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, substantial contributor or employee thereof, a grant assection committee amember, or to a 35% controlled entity or family member of a unrendered, agrant assection committee amember, or to a 35% controlled entity or family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule I, Pa			21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", 9 to line 25g  24a	22			l	
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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II  31 A X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501c()(3) organizations. Did the organization make any transfers to an exempt no					
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			38	$_{\rm X}$	

	1990 (2015) CHWC, INC.		48-0934	993	F	age <b>5</b>
Ра	rt 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					<u> </u>
		1 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	-		1.00		
_	(gambling) winnings to prize winners?			1c	X	CS054992947.02
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.0			
_	filed for the calendar year ending with or within the year covered by this return	2a	28	100000000000000000000000000000000000000		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•••••	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		•••••	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-				7,7
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)		4a	11 4000000	X
d	If "Yes," enter the name of the foreign country:		(50.4.0)			
F-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file. Form 2005 To			5b	<b> </b>	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
Ua	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•				x
h	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	tions or g	μπς	<u></u>		
7		• • • • • • • • • • • • • • • • • • • •		6b	GRASW.	
, a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	nuicos proj	uidad to the navor?	7-	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b	Λ.	
Ü	to file Form 8282?		ea	70		х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	***************************************	7c		43
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e	udazini e-S.	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		4 1 0/// 1000 0 :			
	sponsoring organization have excess business holdings at any time during the year?	by the		8		315439442
9	Sponsoring organizations maintaining donor advised funds.		***************************************			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		***************************************			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				115
14a	Did the approximation results and a second of the fact of the second of			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

Form **990** (2015)

48-0934993 CHWC, INC. Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... 15 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. 15 b Enter the number of voting members included in line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c  $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►KS

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Own website X Another's website 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.

State the name, address, and telephone number of the person who possesses the organization's books and records: SARA FITTS - 913-342-7580

2	S	1	4 TH	ST	KANS	SAS	CTTY	KS	66102

Form 990 (2015)

Form 990 (2015) CHWC, INC. 48-0934993 Page 7

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

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

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

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

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 organiz  (A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	CG an		l ect	1	100)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or o	stee			nsate		(W-2/1099-MISC)	(W 27 1000 Wilde)	organization
	organizations	trust	al tru		a) de	aduc		,		and related
	below	Individual trustee or director	institutional trustee	<u>ئة</u>	Key employee	Highest compensated employee	лег			organizations
	line)	宣	lust	Officer	Key	High	Former			
(1) JAMES ARKELL	1.00							•		
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0
(2) SUSAN CARROLL	2.00	١.,				l		•		•
SECRETARY		X		X		ļ		0.	0.	0
(3) IRENE CAUDILLO	1.00	١.,						•	ا م	0
DIRECTOR		X			ļ	<u> </u>		0.	0.	0
(4) LARRY GREENBAUM	1.00	١.,						0	0	0
DIRECTOR		X	_			<u> </u>		0.	0.	0
(5) JOANNE HUEY	2.00	٠,,		х				0.	0.	0
CHAIR (6) STEVE KUCHARO	2.00	X		Λ	ļ			U •	U •	0
	2.00	x						0.	0.	0
DIRECTOR (7) JEFF LIPP	2.00	<u> </u>						U •	U •	0
DIRECTOR	2.00	x						0.	0.	0
(8) ALEX MATHEW	1.00	<u> </u>						V •	V •	<u> </u>
DIRECTOR	1.00	x						0.	0.	0
(9) TIMOTHY ORRICK	1.00	127						0.	0.	
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0
(10) FATHER GARY PENNINGS	1.00			$\dashv$			-			
DIRECTOR	1100	x						0.	0.	0
(11) MARIA PORTA	1.00	=								
DIRECTOR		x						0.	0.	0
(12) JOE REARDON	2.00							······································		
PAST CHAIR		х		x				0.	0.	0
(13) GEORGE REBECK	2.00						_			
TREASURER		Х		x				0.	0.	0
(14) MIKE WILSON	1.00			$\neg$						
DIRECTOR		Х						0.	0.	0 .
(15) CECELIA WISNIEWSKI	1.00									
VICE-CHAIR		Х		Х				0.	0.	0
(16) DONNY SMITH	40.00									
EXECUTIVE DIRECTOR				X				84,250.	0.	2,792

532007 12-16-15

Form 990 (2015) CHWC , IN										0934	993	Page
Part VII   Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)		,	
(A) Name and title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/trustee					h an	(D) Reportable compensation from	(E) Reportab compensa from relate	tion	am	(F) timated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fro orga and	pensation om the anization i related nizations
												<b>100.00.00.00.00.00.00.00.00.00.00.00.00.</b>
										•		
1b Sub-total							>	84,250.		0.	2	2,792
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<b>&gt;</b>	84,250.		0.	5	0 2,792
2 Total number of individuals (including but n								<u> </u>	,000 of reporta			
compensation from the organization											722792202-2011	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual										3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•								~		4	x
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								ed organization or indivi	dual for service	s	5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest con the organization. Report compensation for t</li> </ol>	-								•	mpens	ation fr	mom
<b>(A)</b> Name and business	address	МО	NE					(B) Description of se	ervices	С	(C) ompen	
				***************************************								
									William Waller			
			***************************************									***************************************
Total number of independent contractors (ir \$100,000 of compensation from the organize)		ot lim	ited	to t	hos 0		ted	above) who received m	ore than			

Form **990 (**2015)

<u> </u>	7	а	Federated campaigns	1a					
Grants mounts		b	Membership dues	1b					
A's		С	Fundraising events	1c	80,715.				
a Git		d	Related organizations						
ωĒΙ		е	Government grants (contribut		451,656.				
io i		f	All other contributions, gifts, gran	ts, and					
Contributions and Other Si			similar amounts not included above	1 1	419,145.				
ΞÓ		а	Noncash contributions included in lines						
ag		_	Total. Add lines 1a-1f			951,516.			
			Total Tito Ta Ti		Business Code	54 YEAR OF THE STORY OF THE STO			
0	2	2	DEVELOPER FEE INCOME		531390	82,029.	82,029.		
Program Service Revenue	2	a h	MANAGEMENT FEE INCOME		531311	29,442.	29.442.		
Ser Ee		~	MORTGAGE INTEREST		522292	24,898.	24,898.		
Εğ		-	HORIGAGE INTEREST		322232	21,050.	22,000.		
Be		d							
Š.		e					**************************************		
-			All other program service reve		L	126 260			
		g	Total. Add lines 2a-2f			136,369.			
	3		Investment income (including						
			other similar amounts)			383.			383.
	4		Income from investment of tax	x-exempt bond p	oroceeds >				
-	5		Royalties		<b>&gt;</b>				
				(i) Real	(ii) Personal				
	6	а	Gross rents	110,499.					
		b Less: rental expenses							
		c	Rental income or (loss)	110,499.					
i		d	Net rental income or (loss)			110,499.	110,499.		
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		ь	Less: cost or other basis						
			and sales expenses						
İ		С	Gain or (loss)	**				4	
			Net gain or (loss)		<u> </u>				
			Gross income from fundraising						
Other Revenue	Ü	_	including \$ 80						
<u>š</u>			contributions reported on line						
8			·	•	17,650.				
횰		L	Part IV, line 18						
ŏ			Less: direct expenses		L	-33,700.			-33,700.
- 1			Net income or (loss) from fund			-33,700.			33,700.
1	9		Gross income from gaming ac						
			Part IV, line 19						
l			Less: direct expenses						
			Net income or (loss) from gam						Februaries Alexandra
	10	а	Gross sales of inventory, less						
			and allowances	a	1,617,330.				
		b	Less: cost of goods sold	b	1,879,503.				
L		С	Net income or (loss) from sales	s of inventory		-262,173.	-262,173.		
			Miscellaneous Revenue	e	Business Code				
	11	а	OTHER INCOME		900099	50,660.	50,660.		
		b	PARTNERSHIP INCOME		531110	-33,630.			-33,630.
		С							
			All other revenue						
			Total. Add lines 11a-11d		<b>&gt;</b>	17,030.			
		e							

# Form 990 (2015) CHWC, INC. Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) programations must complete

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must o	complete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	128,904.	128,904.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				1.5
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	07 040	60 047	0 200	0.013
_	trustees, and key employees	87,042.	69,847.	8,382.	8,813.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	540 440	126 100	10 776	E / 17/
7	Other salaries and wages	540,440.	436,490.	49,776.	54,174.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,078.	23,238.	8,040.	/ Q.O.O.
9 10	Other employee benefits	64,300.	33,866.	25,338.	4,800. 5,096.
10 11	Payroll taxes Fees for services (non-employees):	04,300.	33,000.	23,330.	3,030.
	Management	13,302.	11,066.	999.	1,237.
	Legal	28,814.	23,509.	2,370.	2,935.
	Accounting Lobbying	20,011.	23,303.	2,370.	2,333.
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	·			
a q					
9	column (A) amount, list line 11g expenses on Sch O.)	37,212.	31.475.	2,563.	3.174.
12	Advertising and promotion	7,366.	31,475.	7,108.	3,174.
13	Office expenses	22,299.	17,934.		2,759.
14	Information technology	9,095.	7,420.	748.	927.
15	Royalties		· · · · · · · · · · · · · · · · · · ·		***************************************
16	Occupancy	40,301.	33,661.	2,966.	3,674.
17	Travel	22,597.	18,445.	3,944.	208.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	90,032.	85,926.	1,834.	2,272.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,271.	59,781.	6,026.	7,464.
23	Insurance	44,745.	33,620.	6,927.	4,198.
24	Other expenses. Itemize expenses not covered	9.77			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) '		400-55		
а	REAL ESTATE MANAGEMENT	142,984.	138,280.	4,704.	0.
b	PROGRAM SUPPLIES	71,002.	65,597.	5,405.	0.
С	NOTES REC. FORGIVEN	15,131.	15,131.	0.	0.
d	STAFF DEVELOPMENT	12,583.	5,118.	7,409.	56.
	All other expenses	14,823.	6,376.	7,326.	1,121.
25	Total functional expenses. Add lines 1 through 24e	1,502,321.	1,245,922.	153,471.	102,928.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		:		
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	<u> </u>			F 000 (55 :=)
532010	12-16-15				Form <b>990</b> (2015)

	990 (	2015) CHWC, INC.				48-	-0934993 Page <b>11</b>
Ра	rt X	Check if Schedule O contains a response or no	te to ar	w line in this Part Y			
		Officer if Schedule O Contains a response of no	ie to ai	iy inte in this ratt A	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing			22,233.		107,284.
	2	Savings and temporary cash investments			170,434.	2	251,975.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			573,793.	4	592,788.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	c)(3)(B), and contributing				
ţ		employers and sponsoring organizations of sec	1(c)(9) voluntary				
		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			747,167.	7	607,706.
⋖	8	Inventories for sale or use			2,139,073.	8	1,601,170.
	9	Prepaid expenses and deferred charges			40,472.	9	90,455.
	<b>1</b> 0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,602,337.			
	b	Less: accumulated depreciation	10b	692,911.	1,954,600.	10c	1,909,426.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			68,106.	15	0.
	16	Total assets. Add lines 1 through 15 (must equ		<del></del>	5,715,878.	16	5,160,804.
	17	Accounts payable and accrued expenses			415,881.	17	617,276.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			21		
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			10000000
iliti		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	2,352,019.	23	2,249,190.

Secured mortgages and notes payable to unrelated third parties .....

Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_

Organizations that follow SFAS 117 (ASC 958), check here X and

Unrestricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

.....

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

> 5,160,804. Form 990 (2015)

2,197,211.

2,963,593.

640,349.

152,157.

1,404,705.

97,127.

2,969,900.

1,108,354.

1,404,705.

2,745,978.

5,715,878.

232,919.

202,000.

24

25

26

27

28

29

30

31 32

33

Net Assets or Fund Balances

33

Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

	1990 (2015) CHWC, INC.	48-	<u>-0934993</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	91	<u>9,9</u>	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50		
3	Revenue less expenses. Subtract line 2 from line 1	3	-58		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,74	5,9	78.
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	3	3,6	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,19	7,2	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	60.033		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis X 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	-	Programme Andreas		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	).		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		dit		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Х	<u> </u>
			Form	990 (	(2015)