

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Prison Entrepreneurship Program, Inc.**                      **20-1384253**

**Net Asset / Fund Balance at Beginning of Year** 2,983,172

### Revenue

Contributions	<u>2,421,144</u>
Program service revenue	<u>233,233</u>
Investment income	<u>11,006</u>
Capital gain / loss	<u>-1,284</u>

#### Fundraising / Gaming:

Gross revenue	_____
Direct expenses	_____
Net income	_____

Other income	<u>39,762</u>
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#### Total revenue

2,703,861

### Expenses

Program services	<u>2,326,074</u>
Management and general	<u>268,749</u>
Fundraising	<u>299,177</u>

#### Total expenses

2,894,000

#### Excess / (deficit)

-190,139

#### Changes

-10,386

**Net Asset / Fund Balance at End of Year**

2,782,647

### Reconciliation of Revenue

Total revenue per financial statements 2,712,851

#### Less:

Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>7,790</u>

#### Plus:

Investment expenses	_____
Other	<u>-1,200</u>
<b>Total revenue per return</b>	<u><u>2,703,861</u></u>

### Reconciliation of Expenses

Total expenses per financial statements 2,915,408

#### Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>11,022</u>

#### Plus:

Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>2,894,000</u></u>

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,652,596</u>	<u>3,462,561</u>	
Liabilities	<u>669,424</u>	<u>679,914</u>	
Net assets	<u><u>2,983,172</u></u>	<u><u>2,782,647</u></u>	<u><u>-200,525</u></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/19  
 Failure to file penalty \_\_\_\_\_

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2018, or fiscal year beginning ... 2018, and ending ... 20 .....

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service

Name of exempt organization

Prison Entrepreneurship Program, Inc.

Employer identification number

20-1384253

Name and title of officer

Tim Hamilton CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,703,861

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Carlos Taboada & Company P.C. to enter my PIN 77092 as my signature. Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 07/26/19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

79275577077

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Carlos Taboada

Date } 07/01/19

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning , and ending**

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

**C** Name of organization **Prison Entrepreneurship Program, Inc.**  
 Doing business as **PEP**  
 Number and street (or P.O. box if mail is not delivered to street address) **4140 Directors Row, Suite B** Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code  
**Houston TX 77092**

**D** Employer identification number **20-1384253**  
**E** Telephone number **832-767-0928**  
**G** Gross receipts \$ **2,728,887**

**F** Name and address of principal officer:  
**Bryan Kelley**  
**4140 Directors Row, Ste B**  
**HOUSTON TX 77092**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: **u WWW.PEP.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **2004** **M** State of legal domicile: **TX**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**To unite executives and inmates through entrepreneurial passion and servant leadership to transform lives, restore families and rebuild communities.**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>8</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>8</b>
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>39</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>880</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,257,185</b>	<b>2,421,144</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>226,093</b>	<b>233,233</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>13,271</b>	<b>9,722</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>22,706</b>	<b>39,762</b>
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,519,255</b>	<b>2,703,861</b>

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,557,567</b>	<b>1,732,128</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>299,177</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,147,925</b>	<b>1,161,872</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,705,492</b>	<b>2,894,000</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-186,237</b>	<b>-190,139</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>3,652,596</b>	<b>3,462,561</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>669,424</b>	<b>679,914</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,983,172</b>	<b>2,782,647</b>

**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: **Tim Hamilton** Date: \_\_\_\_\_  
 Type or print name and title: **CFO**

**Paid Preparer Use Only**

Print/Type preparer's name: **Carlos Taboada** Preparer's signature: **Carlos Taboada** Date: **08/13/19** Check  if self-employed PTIN: **P01412660**

Firm's name: **Carlos Taboada & Company P.C.** Firm's EIN: **45-2609906**  
 Firm's address: **1001 S Dairy Ashford Ste 370 Houston, TX 77077-2333** Phone no.: **281-606-3011**

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

1 Briefly describe the organization's mission:

**To unite executives and inmates through entrepreneurial passion and servant leadership to transform lives, restore families and rebuild communities.**

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

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

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

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

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

4a (Code: ) (Expenses \$ **2,025,938** including grants of \$ ) (Revenue \$ )

**Prison Entrepreneurship Program engages top business and academic talent to constructively redirect inmates' ambitions by equipping them with values based training in entrepreneurship; thus enabling them to productively re-enter society. This includes a five month business plan competition in prison and a range of post-release programs, including housing assistance, work readiness services, continuing education, executive mentoring and business start up assistance. During the current year, 1,099 individuals participated in the program in Houston, Dallas, Cleveland, and Venus Texas.**

4b (Code: ) (Expenses \$ **300,136** including grants of \$ ) (Revenue \$ **233,233** )

**Operation of Houston Caleb House, LLC, which owns and operates property to be used as reliable housing available to ex-offenders upon their release. During the year, 358 individuals were provided housing.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 2,326,074**

**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> (see instructions)?	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	<b>Section 501(c)(3) organizations.</b> 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> (see instructions)		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>2a</b>	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	<b>2a</b>	<b>39</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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
<b>1a</b>	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.		
	<b>1a</b> <b>8</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> <b>8</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 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 **u**

**Tim Hamilton**  
Houston

**4140 Directors Row Suite B**  
TX 77092

**832-767-0928**



**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 dotted 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) <b>Brandon Holcomb</b> ..... Chairman	2.00 0.00	X						0	0	0
(2) <b>Pat Gotcher</b> ..... Vice Chairman	2.00 0.00	X						0	0	0
(3) <b>Robert Barkley</b> ..... Board Member	2.00 0.00	X						0	0	0
(4) <b>Mike Humphrey</b> ..... Board Member	2.00 0.00	X						0	0	0
(5) <b>John Jackson</b> ..... Board Member	2.00 0.00	X						0	0	0
(6) <b>Roger Manny</b> ..... Board Member	2.00 0.00	X						0	0	0
(7) <b>Britanie Olvera</b> ..... Board Member	2.00 0.00	X						0	0	0
(8) <b>Nancy White</b> ..... Board Member	2.00 0.00	X						0	0	0
(9) <b>Albert Smith</b> ..... CEO EMERITUS	40.00 0.00			X				181,990	0	0
(10) <b>William A. Mayer</b> ..... CDO	40.00 0.00			X				122,108	0	0
(11) <b>Tim Hamilton</b> ..... CFO	40.00 0.00			X				106,023	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 dotted 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			
(12) <b>Phi Tran</b>	40.00									
COO	0.00			X			104,783	0	0	
(13) <b>Bryan Kelley</b>	40.00									
CEO	0.00			X			76,714	0	0	
<b>1b Sub-total</b> .....							<b>u</b>	<b>591,618</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>591,618</b>		

**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 **u 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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

**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 **u**

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>2,421,144</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>46,928</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>2,421,144</b>				
<b>Program Service Revenue</b>	<b>2a</b> Rental income-participants	Busn. Code <b>531110</b>	<b>233,233</b>	<b>233,233</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>233,233</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>11,006</b>			<b>11,006</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	<b>18,742</b>	<b>5,000</b>		
	<b>b</b> Less: cost or other basis & sales exps.		<b>18,826</b>	<b>6,200</b>			
	<b>c</b> Gain or (loss)		<b>-84</b>	<b>-1,200</b>			
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>-1,284</b>	<b>-1,284</b>			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
Miscellaneous Revenue	Busn. Code						
<b>11a</b> Other income	<b>611710</b>	<b>39,762</b>	<b>39,762</b>				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>39,762</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>2,703,861</b>	<b>271,711</b>	<b>0</b>	<b>11,006</b>		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>591,618</b>	<b>366,468</b>	<b>77,455</b>	<b>147,695</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>825,745</b>	<b>704,326</b>	<b>83,008</b>	<b>38,411</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>32,507</b>	<b>24,559</b>	<b>3,680</b>	<b>4,268</b>
<b>9</b> Other employee benefits	<b>174,908</b>	<b>132,141</b>	<b>19,801</b>	<b>22,966</b>
<b>10</b> Payroll taxes	<b>107,350</b>	<b>81,101</b>	<b>12,152</b>	<b>14,097</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>1,893</b>		<b>1,893</b>	
<b>c</b> Accounting	<b>8,908</b>		<b>8,908</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>1,299</b>	<b>1,299</b>		
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>98,858</b>	<b>94,231</b>	<b>2,141</b>	<b>2,486</b>
<b>14</b> Information technology	<b>15,357</b>	<b>12,569</b>	<b>1,291</b>	<b>1,497</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>346,194</b>	<b>314,428</b>	<b>14,708</b>	<b>17,058</b>
<b>17</b> Travel	<b>94,785</b>	<b>73,937</b>	<b>9,653</b>	<b>11,195</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>24,086</b>	<b>24,086</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>100,948</b>	<b>92,559</b>	<b>3,884</b>	<b>4,505</b>
<b>23</b> Insurance	<b>30,261</b>	<b>24,862</b>	<b>2,500</b>	<b>2,899</b>
<b>24</b> 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.)				
<b>a</b> <b>Events</b>	<b>141,905</b>	<b>121,544</b>	<b>9,427</b>	<b>10,934</b>
<b>b</b> <b>Other contractual</b>	<b>141,155</b>	<b>116,366</b>	<b>11,478</b>	<b>13,311</b>
<b>c</b> <b>Other operating</b>	<b>43,671</b>	<b>39,970</b>	<b>1,713</b>	<b>1,988</b>
<b>d</b> <b>Food/entertainment</b>	<b>36,938</b>	<b>35,367</b>	<b>727</b>	<b>844</b>
<b>e</b> All other expenses	<b>75,614</b>	<b>66,261</b>	<b>4,330</b>	<b>5,023</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,894,000</b>	<b>2,326,074</b>	<b>268,749</b>	<b>299,177</b>
<b>26</b> 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	
<b>Assets</b>	1	Cash—non-interest bearing	321,714	1	566,137
	2	Savings and temporary cash investments	1,582,384	2	1,400,812
	3	Pledges and grants receivable, net	673,144	3	518,463
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	59,824	7	42,129
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,537	9	26,131
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,341,078		
	b	Less: accumulated depreciation	10b 448,798	10c	892,280
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	16,341	12	15,609
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000	15	1,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,652,596	16	3,462,561	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	85,843	17	232,362
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	143,442	22	136,859
	23	Secured mortgages and notes payable to unrelated third parties	319,410	23	310,693
	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	120,729	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	669,424	26	679,914
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	2,310,028	27	2,139,184
	28	Temporarily restricted net assets	673,144	28	643,463
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	2,983,172	33	2,782,647	
34	<b>Total liabilities and net assets/fund balances</b>	3,652,596	34	3,462,561	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,703,861</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,894,000</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-190,139</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,983,172</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-10,386</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>2,782,647</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>3b</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.		

**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.

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

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**Prison Entrepreneurship Program,  
Inc.**

Employer identification number

**20-1384253**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,955,185	1,884,114	2,717,337	2,257,185	2,421,144	12,234,965
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,955,185	1,884,114	2,717,337	2,257,185	2,421,144	12,234,965
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						12,234,965

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	2,955,185	1,884,114	2,717,337	2,257,185	2,421,144	12,234,965
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,240	176,145	224,133	234,381	244,239	954,138
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,046	14,153	17,782	23,706	39,762	105,449
<b>11 Total support.</b> Add lines 7 through 10						13,294,552

**12** Gross receipts from related activities, etc. (see instructions) 12 3,488,324

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	92.03 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	92.81 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶



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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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>		
9b	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>		
9c	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>		
10b	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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). 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 <b>Part VI</b> ). 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 <b>Total</b> 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 <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> 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 .....			

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

**Part II, Line 10 - Other Income Detail**

**Other** \$ **105,449**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

Prison Entrepreneurship Program, Inc.

Employer identification number

20-1384253

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, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

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 conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

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 questions about reporting art and historical treasures and amounts required to be reported.

**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  Yes  No

**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 **u** ..... %
  - b Permanent endowment **u** ..... %
  - c Temporarily restricted endowment **u** ..... %
- 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?  Yes  No
- 3b  Yes  No
- 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 .....		213,570		213,570
b Buildings .....		689,736	170,698	519,038
c Leasehold improvements .....				
d Equipment .....		324,558	207,762	116,796
e Other .....		113,214	70,338	42,876
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>892,280</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

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	2,712,851
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	7,790	
	e Add lines 2a through 2d		2e	7,790
3	Subtract line 2e from line 1		3	2,705,061
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	-1,200	
	c Add lines 4a and 4b		4c	-1,200
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,703,861

**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	2,915,408
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	21,408	
	e Add lines 2a through 2d		2e	21,408
3	Subtract line 2e from line 1		3	2,894,000
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	2,894,000

**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 XI, Line 2d - Revenue Amounts Included in Financials - Other**

Effect of unconsolidating a subsidiary that files an 1120 \$ 7,790

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

Loss on sale of donated vehicle \$ -1,200

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

Effect of unconsolidating a subsidiary that files an 1120 \$ 9,822

Loss on sale of donated vehicle \$ 1,200

Book / Tax Depreciation Difference \$ 10,386



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**u Attach to Form 990.**

**uGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Prison Entrepreneurship Program, Inc.**

Employer identification number

**20-1384253**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                             | <b>4a</b> |  | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... | <b>4b</b> |  | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....    | <b>4c</b> |  | <b>X</b> |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | <b>X</b> |

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | <b>X</b> |

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 <b>Albert Smith</b> <b>CEO EMERITUS</b>	(i)	158,990	23,000	0	0	0	181,990	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

**u** 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.

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

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open To Public Inspection

Name of the organization

**Prison Entrepreneurship Program, Inc.**

Employer identification number

**20-1384253**

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **u** \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(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
				(1)	PEP Noteholdings, LLC WORKING CAPITAL			Officer		<input checked="" type="checkbox"/>		174,000	136,859
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							<b>u</b> \$	<b>136,859</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**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 org. revenues?	
				Yes	No
(1) <b>Communitas Auto Group LLC</b>	<b>Board member</b>		<b>\$0 cost invesment</b>		<b>X</b>
(2) <b>RohrTran, LLC</b>	<b>Officer</b>	<b>1,667</b>	<b>Fees incurred</b>		<b>X</b>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**Schedule L, Part V - Additional Information**

**The Organization is the 100% stockholder of Communitas Ventures, Inc (CVI). CVI is a member of Communitas Auto Group, LLC (CAG). One of the Organization's directors is an LLC member in CAG.**

**The Organization uses a company that provides an online donation platform, one of whose managers is an officer of the taxpayer. The company collects cash donations and event revenue for a fee equal to credit card processing. The company also collects and delivers to the Organization in-kind goods donated to the Organization for a fee equal to a 20% markup over the cost of the in-kind item.**



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Prison Entrepreneurship Program,  
Inc.**

Employer identification number

**20-1384253**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>4</b>	<b>18,826</b>	<b>FMV</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>goods/services</b> )	<b>X</b>	<b>115</b>	<b>28,102</b>	<b>FMV</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<b>X</b>	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Part I, Line 32b - Third Party Used to Process Noncash Contributions**

The Organization uses licensed securities brokers to sell publicly traded stocks.

The Organization uses a company that provides an online donation platform.

The company collects and delivers to the Organization in-kind goods donated to the Organization for a fee equal to a 20% markup over the cost of the in-kind item. A manager of the company is also an officer of the Organization.

**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**Prison Entrepreneurship Program,  
Inc.**

Employer identification number

**20-1384253**

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

The taxpayer was organized in 2004 under the California Nonprofit Public Benefit Corporation Law for charitable purposes. Effective December 27, 2018, the taxpayer redomesticated from a California nonprofit corporation to a Texas nonprofit corporation and amended its bylaws in compliance with Texas statutes.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The Organization's Audit Committee and tax preparer discuss the Form 990. A PDF copy of the Form 990 is given to the Board for their review prior to being filed.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

The Board of Directors approves all major contracts and agreements. Any conflict of interest situation would be addressed by the Directors before a contract is executed.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The human resource manager prepares a comprehensive compensation report that is provided to the Board of Directors. The report is based on several sources including the US government, nonprofit salary surveys and local resources. The report provides compensation levels for different positions including upper management and key staff. The Board approves compensation amounts using this report and other performance measures.

Name of the organization

Employer identification number

**Prison Entrepreneurship Program,**

**20-1384253**

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

**See explanation above.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**The Organization makes the Form 990 available to the public via a PDF file upon request.**

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

**Book/tax depreciaiton difference \$ -10,386**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public  
Inspection**

**Prison Entrepreneurship Program,  
Inc.**

Employer identification number  
**20-1384253**

**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
(1) <b>Houston Caleb House LLC 4140 Directors Row Suite B Houston TX 77092 27-2573168</b>	<b>Rental</b>	<b>TX</b>	<b>263,838</b>	<b>771,072</b>	<b>PEP</b>
(2)					
(3)					
(4)					
(5)					

**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
(1)							
(2)							
(3)							
(4)							
(5)							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <b>Communitas Ventures, Inc.</b> 4140 Directors Row Ste A Houston TX 77092 30-0778264	<b>Support</b>	<b>TX</b>	<b>N/A</b>	<b>C</b>	<b>790</b>	<b>14,805</b>	<b>100.000000</b>		<b>X</b>
(2)									
(3)									
(4)									

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**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) <b>Communitas Ventures Inc</b>	<b>n</b>	<b>9,129</b>	<b>Cost</b>
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													





Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2018**

Attachment Sequence No. **179**

Name(s) shown on return **Prison Entrepreneurship Program, Inc.**

Identifying number  
**20-1384253**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	45,964
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,534

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	41,450
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> <b>u</b>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	100,948
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
175	Lockhart computer lab	2/15/18	12,500			X	0	5 HY 200DB	0	12,500
176	Lockhart computer lab	2/15/18	2,140			X	0	5 HY 200DB	0	2,140
177	Lockhart computer lab	2/15/18	5,388			X	0	5 HY 200DB	0	5,388
178	3 piece portable stage and steps	3/07/18	6,079			X	0	5 HY 200DB	0	6,079
179	charis	3/27/18	3,089			X	0	5 HY 200DB	0	3,089
180	Bookcases/dry erase board	7/26/18	3,829			X	0	5 HY 200DB	0	3,829
181	2006 Toyota Seinna	4/06/18	5,584			X	0	5 HY 200DB	0	5,584
			<u>38,609</u>				<u>0</u>		<u>0</u>	<u>38,609</u>
<b>7-year GDS Property:</b>										
172	Dryer	1/31/18	529			X	0	7 HY 200DB	0	529
173	Beds for fresh start side b	4/30/18	974			X	0	7 HY 200DB	0	974
174	Bed frames, sofa, dressers for fresh start	6/30/18	2,734			X	0	7 HY 200DB	0	2,734
			<u>4,237</u>				<u>0</u>		<u>0</u>	<u>4,237</u>
<b>15-year GDS Property:</b>										
171	Columbia remodel	5/01/18	1,980			X	0	15 HY 150DB	0	1,980
182	Painting - suite A	3/14/18	1,138			X	0	15 HY 150DB	0	1,138
			<u>3,118</u>				<u>0</u>		<u>0</u>	<u>3,118</u>
<b>Prior MACRS:</b>										
44	Kit Lane	10/06/08	145,450				145,450	27 MMS/L	48,704	5,289
73	600 Used chairs	6/01/13	3,698			X	1,849	5 MQ200DB	3,619	79
74	Canon D5 Mark III camera	6/07/13	3,300			X	1,650	3 MQ200DB	3,300	0
75	Avayo VOIP Module	8/01/13	2,076			X	1,038	3 MQ200DB	2,076	0
76	20 Desktop Dell Optiplex	12/20/13	5,540			X	2,770	3 MQ200DB	5,540	0
77	Electric lock and keypad	12/27/13	2,830			X	1,415	3 MQ200DB	2,830	0
79	CRV 11	10/01/13	13,861			X	6,931	5 MQ200DB	13,197	664
81	Beds	8/01/14	10,488			X	5,244	7 HY 200DB	8,850	468
82	TV Stand and Dresser	8/01/14	540			X	270	7 HY 200DB	456	24
83	Dresser	8/01/14	1,899			X	950	7 HY 200DB	1,602	85
84	Cameras	8/01/14	1,657			X	828	5 HY 200DB	1,514	96
85	TV	8/01/14	778			X	389	5 HY 200DB	711	45
86	TV	8/01/14	740			X	370	5 HY 200DB	676	43
90	Washer and Dryer	8/01/14	3,252			X	1,626	7 HY 200DB	2,744	145
91	Washer and Dryer	12/01/14	3,798			X	1,899	7 HY 200DB	3,205	169
93	CU Desktop	1/01/14	1,710			X	855	3 HY 200DB	1,710	0
94	Dallas eSchool Furniture	9/01/14	3,233			X	1,616	5 HY 200DB	2,954	186
95	Microsoft Surface	11/24/14	1,620			X	810	3 HY 200DB	1,620	0
96	Dell E5440	12/04/14	1,210			X	605	5 HY 200DB	1,105	70
97	CU Dividers	7/01/14	4,579			X	2,290	5 HY 200DB	4,183	264
98	CU Bookcases	7/01/14	4,170			X	2,085	5 HY 200DB	3,810	240
99	CU Server Dell	7/22/14	5,322			X	2,661	5 HY 200DB	4,862	307
100	EU Dell Server	7/15/14	3,103			X	1,551	5 HY 200DB	2,835	179
101	EU Computer 101	7/03/14	13,017			X	6,508	5 HY 200DB	11,892	750
102	EU portable dividers	7/29/14	2,227			X	1,113	5 HY 200DB	2,035	128
103	EU furniture	7/29/14	12,468			X	6,234	7 HY 200DB	10,520	557
104	EU PA System	8/05/14	1,980			X	990	5 HY 200DB	1,809	114
105	EU Armless Chairs	11/18/14	6,202			X	3,101	5 HY 200DB	5,666	357
106	Roof	9/22/15	10,725			X	5,362	15 HY 150DB	7,250	348
107	House remodel	9/01/15	74,982			X	37,491	15 HY 150DB	46,133	2,885
108	Furniture	9/01/15	7,266			X	3,633	7 HY 200DB	5,677	454
109	Remodel of suite C	6/22/15	24,013			X	12,007	15 HY 150DB	14,774	924
110	Remodel of suite B	6/01/15	46,787			X	23,393	15 HY 150DB	28,786	1,800
111	Dallas office painting	8/05/15	1,880			X	940	15 HY 150DB	1,157	72
112	Cubicles	6/22/15	1,800			X	900	15 HY 150DB	1,107	70
113	Portable dividers for gym	2/03/15	9,020			X	4,510	5 HY 200DB	7,721	520
114	Steel Mobile bookcase	2/09/15	4,039			X	2,020	5 HY 200DB	3,457	233
115	Portable PA system and upgrade	2/10/15	5,768			X	2,884	5 HY 200DB	4,938	332
116	Epson Projector wall	2/10/15	821			X	410	5 HY 200DB	703	47
117	2 Epson projectors	2/20/15	6,094			X	3,047	5 HY 200DB	5,216	351
118	Ebooks and video	3/02/15	4,204			X	2,102	5 HY 200DB	3,599	242
119	Set of Crime and Punishment books	3/09/15	9,626			X	4,813	5 HY 200DB	8,240	555

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
120	14 Delll MOniters and ADV Exch	3/13/15	8,012			X	4,006	5 HY 200DB	6,859	461
121	120 Entre Books	3/16/15	10,543			X	5,272	5 HY 200DB	9,025	607
122	Furniture of Estes Unit	2/28/15	4,062			X	2,031	5 HY 200DB	3,477	234
123	PA System upgrade for Gym	5/01/15	2,118			X	1,059	5 HY 200DB	1,813	122
124	Monitor	5/18/15	82			X	41	5 HY 200DB	70	5
125	AV Upgrade	5/27/15	3,662			X	1,831	5 HY 200DB	3,134	211
126	New Sound Mic & Speakers	6/13/15	2,176			X	1,088	5 HY 200DB	1,863	125
127	18 Dell Optiplex 780 Core i5 Windows	6/16/15	9,540			X	4,770	5 HY 200DB	8,166	550
128	Black Grid stools and 2 DJ tables	6/19/15	1,763			X	882	5 HY 200DB	1,509	102
129	Graduation gowns	7/31/15	3,369			X	1,684	5 HY 200DB	2,884	194
130	Stage and case	8/06/15	4,250			X	2,125	7 HY 200DB	3,320	266
131	Projector board, tables podium	8/17/15	2,258			X	1,129	5 HY 200DB	1,933	130
132	Epson projector	8/20/15	3,050			X	1,525	5 HY 200DB	2,611	175
133	E School Tables	8/28/15	1,950			X	975	5 HY 200DB	1,669	113
134	2011 Honda CRV	2/06/15	16,165			X	8,083	5 HY 200DB	13,837	931
135	2013 Toyota Highlander	11/10/15	19,395			X	9,698	5 HY 200DB	16,602	1,117
136	CASA House cameras	6/30/16	798			X	399	5 MQ200DB	618	72
137	500 Folding Chairs Estes	1/05/16	6,775			X	3,388	5 MQ200DB	5,454	528
138	Sound system Estes	1/22/16	5,049			X	2,525	5 MQ200DB	4,064	394
139	DJ Speakers with wheels	1/23/16	650			X	325	5 MQ200DB	523	51
140	Gig case with wheels	1/24/16	858			X	429	5 MQ200DB	691	67
141	Table, base, cabinet Estes	2/05/16	1,502			X	751	5 MQ200DB	1,209	117
142	40 armless stacking chairs	2/05/16	3,101			X	1,551	5 MQ200DB	2,496	242
143	4 Dell 21.5 Monitor & ADV Exch	4/13/16	2,993			X	1,497	5 MQ200DB	2,319	270
144	Lap Top	4/27/16	723			X	362	5 MQ200DB	560	65
145	Computer video editing Estes	7/12/16	585			X	293	5 MQ200DB	436	59
146	Lap Top	8/08/16	950			X	475	5 MQ200DB	708	97
147	Computer Lab Cabinets & Lights	9/09/16	1,726			X	863	5 MQ200DB	1,286	176
148	IKEA Cabinets for CLE	9/06/16	4,133			X	2,066	7 MQ200DB	2,815	377
149	IKEA Cabinets for CLE	9/09/16	1,127			X	564	5 MQ200DB	839	115
150	IKEA Cabinets for CLE	9/12/16	223			X	111	5 MQ200DB	166	23
151	Dell	9/13/16	1,102			X	551	5 MQ200DB	821	112
152	Tables and barstools	10/26/16	4,010			X	2,005	5 MQ200DB	2,867	457
153	Toyota Highlander	12/20/16	19,361			X	9,681	5 MQ200DB	13,843	2,207
154	Chairs for Cleveland (room and lab)	3/01/17	10,325			X	5,162	5 HY 200DB	6,195	1,652
155	Camera equipment	7/10/17	2,185			X	1,092	5 HY 200DB	1,311	350
156	Computer for Laura	10/04/17	830			X	0	5 HY 200DB	830	0
157	Computer for Gami	10/04/17	830			X	0	5 HY 200DB	830	0
158	DJ computer for CLE	10/26/17	600			X	0	5 HY 200DB	600	0
159	Computer lab	10/03/17	750			X	0	5 HY 200DB	750	0
160	Computer for Marc	10/19/17	672			X	0	5 HY 200DB	672	0
161	2015 Toyota Sienna, Red	7/12/17	19,409			X	9,704	5 HY 200DB	11,646	3,105
162	2015 Toyota Sienna, White	8/05/17	19,439			X	9,719	5 HY 200DB	11,664	3,110
164	Caleb AC units	3/16/17	6,770			X	3,385	15 HY 150DB	3,554	322
165	Columbia bathroom remodel	4/30/17	14,582			X	7,291	15 HY 150DB	7,656	692
166	Caleb replace exterior wood	6/22/17	1,580			X	790	15 HY 150DB	830	75
167	Austin electronics	5/31/17	5,962			X	2,981	5 HY 200DB	3,577	954
168	Computer	10/31/17	540			X	0	5 HY 200DB	540	0
169	Austin new furniture	5/31/17	9,915			X	4,957	7 HY 200DB	5,666	1,214
170	Refrigerator	7/31/17	909			X	454	7 HY 200DB	519	112
			<u>711,132</u>				<u>426,180</u>		<u>470,110</u>	<u>41,450</u>
<b>Other Depreciation:</b>										
49	Land	10/06/08	40,000				40,000	0 -- Land	0	0
62	Desks and Chairs - CV	4/30/11	6,272				6,272	5 MO S/L	6,272	0
63	Avaya - Phones add in	7/26/11	4,221				4,221	5 MO S/L	4,221	0
64	Xerox Phaser	8/01/11	1,874				1,874	5 MO S/L	1,874	0
68	Caleb House Land	1/01/09	29,913				29,913	0 -- Land	0	0
69	Caleb House Building	1/01/09	105,944				105,944	27 MO S/L	29,166	3,852
70	Foundation	3/02/12	9,330				9,330	15 MO S/L	3,628	622
87	Columbia Land	2/03/14	143,657				143,657	0 -- Land	0	0
88	Columbia Building	9/01/14	235,125				235,125	27 MO S/L	28,500	8,550
89	Kit Lane roof	8/01/14	7,650				7,650	15 MO S/L	1,743	510
	<b>Total Other Depreciation</b>		<u>583,986</u>				<u>583,986</u>		<u>75,404</u>	<u>13,534</u>
	<b>Total ACRS and Other Depreciation</b>		<u>583,986</u>				<u>583,986</u>		<u>75,404</u>	<u>13,534</u>

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Grand Totals</b>		1,341,082			1,010,166		545,514	100,948
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,341,082</u>			<u>1,010,166</u>		<u>545,514</u>	<u>100,948</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
175	Lockhart computer lab	2/15/18	12,500			X	0	5 HY 200DB	0	12,500
176	Lockhart computer lab	2/15/18	2,140			X	0	5 HY 200DB	0	2,140
177	Lockhart computer lab	2/15/18	5,388			X	0	5 HY 200DB	0	5,388
178	3 piece portable stage and steps	3/07/18	6,079			X	0	5 HY 200DB	0	6,079
179	charis	3/27/18	3,089			X	0	5 HY 200DB	0	3,089
180	Bookcases/dry erase board	7/26/18	3,829			X	0	5 HY 200DB	0	3,829
181	2006 Toyota Seinna	4/06/18	5,584			X	0	5 HY 200DB	0	5,584
			<u>38,609</u>				<u>0</u>		<u>0</u>	<u>38,609</u>
<b>7-year GDS Property:</b>										
172	Dryer	1/31/18	529			X	0	7 HY 200DB	0	529
173	Beds for fresh start side b	4/30/18	974			X	0	7 HY 200DB	0	974
174	Bed frames, sofa, dressers for fresh start	6/30/18	2,734			X	0	7 HY 200DB	0	2,734
			<u>4,237</u>				<u>0</u>		<u>0</u>	<u>4,237</u>
<b>15-year GDS Property:</b>										
171	Columbia remodel	5/01/18	1,980			X	0	15 HY 150DB	0	1,980
182	Painting - suite A	3/14/18	1,138			X	0	15 HY 150DB	0	1,138
			<u>3,118</u>				<u>0</u>		<u>0</u>	<u>3,118</u>
<b>Prior MACRS:</b>										
70	Foundation	3/02/12	9,330			X	4,665	15 HY 150DB	6,713	276
73	600 Used chairs	6/01/13	3,698			X	1,849	5 MQ200DB	3,619	79
74	Canon D5 Mark III camera	6/07/13	3,300			X	1,650	3 MQ200DB	3,300	0
75	Avayo VOIP Module	8/01/13	2,076			X	1,038	3 MQ200DB	2,076	0
76	20 Desktop Dell Optiplex	12/20/13	5,540			X	2,770	3 MQ200DB	5,540	0
77	Electric lock and keypad	12/27/13	2,830			X	1,415	3 MQ200DB	2,830	0
79	CRV 11	10/01/13	13,861			X	6,931	5 MQ200DB	13,197	664
81	Beds	8/01/14	10,488			X	5,244	7 HY 200DB	8,850	468
82	TV Stand and Dresser	8/01/14	540			X	270	7 HY 200DB	456	24
83	Dresser	8/01/14	1,899			X	950	7 HY 200DB	1,602	85
84	Cameras	8/01/14	1,657			X	828	5 HY 200DB	1,514	96
85	TV	8/01/14	778			X	389	5 HY 200DB	711	45
86	TV	8/01/14	740			X	370	5 HY 200DB	676	43
88	Columbia Building	9/01/14	235,125				235,125	25 HY S/L	30,958	9,405
89	Kit Lane roof	8/01/14	7,650			X	3,825	15 HY 150DB	5,001	265
90	Washer and Dryer	8/01/14	3,252			X	1,626	7 HY 200DB	2,744	145
91	Washer and Dryer	12/01/14	3,798			X	1,899	7 HY 200DB	3,205	169
93	CU Desktop	1/01/14	1,710			X	855	3 HY 200DB	1,710	0
94	Dallas eSchool Furniture	9/01/14	3,233			X	1,616	5 HY 150DB	2,829	270
95	Microsoft Surface	11/24/14	1,620			X	810	3 HY 200DB	1,620	0
96	Dell E5440	12/04/14	1,210			X	605	5 HY 200DB	1,105	70
97	CU Dividers	7/01/14	4,579			X	2,290	5 HY 200DB	4,183	264
98	CU Bookcases	7/01/14	4,170			X	2,085	5 HY 200DB	3,810	240
99	CU Server Dell	7/22/14	5,322			X	2,661	5 HY 200DB	4,862	307
100	EU Dell Server	7/15/14	3,103			X	1,551	5 HY 200DB	2,835	179
101	EU Computer 101	7/03/14	13,017			X	6,508	5 HY 200DB	11,892	750
102	EU portable dividers	7/29/14	2,227			X	1,113	5 HY 200DB	2,035	128
103	EU furniture	7/29/14	12,468			X	6,234	5 HY 200DB	11,390	719
104	EU PA System	8/05/14	1,980			X	990	5 HY 200DB	1,809	114
105	EU Armless Chairs	11/18/14	6,202			X	3,101	5 HY 200DB	5,666	357
106	Roof	9/22/15	10,725			X	5,362	15 HY 150DB	7,250	348
107	House remodel	9/01/15	74,982			X	37,491	15 HY 150DB	46,133	2,885
108	Furniture	9/01/15	7,266			X	3,633	7 HY 200DB	5,677	454
109	Remodel of suite C	6/22/15	24,013			X	12,007	15 HY 150DB	14,774	924
110	Remodel of suite B	6/01/15	46,787			X	23,393	15 HY 150DB	28,786	1,800
111	Dallas office painting	8/05/15	1,880			X	940	15 HY 150DB	1,157	72
112	Cubicles	6/22/15	1,800			X	900	15 HY 150DB	1,107	70
113	Portable dividers for gym	2/03/15	9,020			X	4,510	5 HY 200DB	7,721	520
114	Steel Mobile bookcase	2/09/15	4,039			X	2,020	5 HY 200DB	3,457	233
115	Portable PA system and upgrade	2/10/15	5,768			X	2,884	5 HY 200DB	4,938	332
116	Epson Projector wall	2/10/15	821			X	410	5 HY 200DB	703	47
117	2 Epson projectors	2/20/15	6,094			X	3,047	5 HY 200DB	5,216	351

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
118	Ebooks and video	3/02/15	4,204			X	2,102	5 HY 200DB	3,599	242
119	Set of Crime and Punishment books	3/09/15	9,626			X	4,813	5 HY 200DB	8,240	555
120	14 Delll MOniters and ADV Exch	3/13/15	8,012			X	4,006	5 HY 200DB	6,859	461
121	120 Entre Books	3/16/15	10,543			X	5,272	5 HY 200DB	9,025	607
122	Furniture of Estes Unit	2/28/15	4,062			X	2,031	5 HY 200DB	3,477	234
123	PA System upgrade for Gym	5/01/15	2,118			X	1,059	5 HY 200DB	1,813	122
124	Monitor	5/18/15	82			X	41	5 HY 200DB	70	5
125	AV Upgrade	5/27/15	3,662			X	1,831	5 HY 200DB	3,134	211
126	New Sound Mic & Speakers	6/13/15	2,176			X	1,088	5 HY 200DB	1,863	125
127	18 Dell Optiplex 780 Core i5 Windows	6/16/15	9,450			X	4,725	5 HY 200DB	8,089	545
128	Black Grid stools and 2 DJ tables	6/19/15	1,763			X	882	5 HY 200DB	1,509	102
129	Graduation gowns	7/31/15	3,369			X	1,684	5 HY 200DB	2,884	194
130	Stage and case	8/06/15	4,250			X	2,125	7 HY 200DB	3,320	266
131	Projector board, tables podium	8/17/15	2,258			X	1,129	5 HY 200DB	1,933	130
132	Epson projector	8/20/15	3,050			X	1,525	5 HY 200DB	2,611	175
133	E School Tables	8/28/15	1,950			X	975	5 HY 200DB	1,669	113
134	2011 Honda CRV	2/06/15	16,165			X	8,083	5 HY 200DB	13,837	931
135	2013 Toyota Highlander	11/10/15	19,395			X	9,698	5 HY 200DB	16,602	1,117
136	CASA House cameras	6/30/16	798			X	399	5 MQ200DB	618	72
137	500 Folding Chairs Estes	1/05/16	6,775			X	3,388	5 MQ200DB	5,454	528
138	Sound system Estes	1/22/16	5,049			X	2,525	5 MQ200DB	4,064	394
139	DJ Speakers with wheels	1/23/16	650			X	325	5 MQ200DB	523	51
140	Gig case with wheels	1/24/16	858			X	429	5 MQ200DB	691	67
141	Table, base, cabinet Estes	2/05/16	1,502			X	751	5 MQ200DB	1,209	117
142	40 armless stacking chairs	2/05/16	3,101			X	1,551	5 MQ200DB	2,496	242
143	4 Dell 21.5 Monitor & ADV Exch	4/13/16	2,993			X	1,497	5 MQ200DB	2,319	270
144	Lap Top	4/27/16	723			X	362	5 MQ200DB	560	65
145	Computer video editing Estes	7/12/16	585			X	293	5 MQ200DB	436	59
146	Lap Top	8/08/16	950			X	475	5 MQ200DB	708	97
147	Computer Lab Cabinets & Lights	9/09/16	1,726			X	863	5 MQ200DB	1,286	176
148	IKEA Cabinets for CLE	9/06/16	4,133			X	2,066	7 MQ200DB	2,815	377
149	IKEA Cabinets for CLE	9/09/16	1,127			X	564	5 MQ200DB	839	115
150	IKEA Cabinets for CLE	9/12/16	223			X	111	5 MQ200DB	166	23
151	Dell	9/13/16	1,102			X	551	5 MQ200DB	821	112
152	Tables and barstools	10/26/16	4,010			X	2,005	5 MQ200DB	2,867	457
153	Toyota Highlander	12/20/16	19,361			X	9,681	5 MQ200DB	13,843	2,207
154	Chairs for Cleveland (room and lab)	3/01/17	10,325			X	5,162	5 HY 200DB	6,195	1,652
155	Camera equipment	7/10/17	2,185			X	1,092	5 HY 200DB	1,311	350
156	Computer for Laura	10/04/17	830			X	0	5 HY 200DB	830	0
157	Computer for Gami	10/04/17	830			X	0	5 HY 200DB	830	0
158	DJ computer for CLE	10/26/17	600			X	0	5 HY 200DB	600	0
159	Computer lab	10/03/17	750			X	0	5 HY 200DB	750	0
160	Computer for Marc	10/19/17	672			X	0	5 HY 200DB	672	0
161	2015 Toyota Seinna, Red	7/12/17	19,409			X	9,704	5 HY 200DB	11,646	3,105
162	2015 Toyota Sienna, White	8/05/17	19,439			X	9,719	5 HY 200DB	11,664	3,110
164	Caleb AC units	3/16/17	6,770			X	3,385	15 HY 150DB	3,554	322
165	Columbia bathroom remodel	4/30/17	14,582			X	7,291	15 HY 150DB	7,656	692
166	Caleb replace exterior wood	6/22/17	1,580			X	790	15 HY 150DB	830	75
167	Austin electronics	5/31/17	5,962			X	2,981	5 HY 200DB	3,577	954
168	Computer	10/31/17	540			X	0	5 HY 200DB	540	0
169	Austin new furniture	5/31/17	9,915			X	4,957	7 HY 200DB	5,666	1,214
170	Refrigerator	7/31/17	909			X	454	7 HY 200DB	519	112
			<u>817,697</u>				<u>524,300</u>		<u>464,746</u>	<u>46,348</u>

**Other Depreciation:**

44	Kit Lane	10/06/08	145,450				145,450	27 MO S/L	48,924	5,289
49	Land	10/06/08	0				0	0 HY	0	0
62	Desks and Chairs - CV	4/30/11	0				0	0 HY	0	0
63	Avaya - Phones add in	7/26/11	0				0	0 HY	0	0
64	Xerox Phaser	8/01/11	0				0	0 HY	0	0
68	Caleb House Land	1/01/09	0				0	0 HY	0	0
69	Caleb House Building	1/01/09	0				0	0 HY	0	0
87	Columbia Land	2/03/14	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>145,450</u>				<u>145,450</u>		<u>48,924</u>	<u>5,289</u>

**Total ACRS and Other Depreciation**145,450145,45048,9245,289

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
	<b>Grand Totals</b>		1,009,111				669,750			513,670	97,601
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>1,009,111</u>				<u>669,750</u>			<u>513,670</u>	<u>97,601</u>



**Bonus Depreciation Report**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
73	600 Used chairs	6/01/13	3,698		0	0	1,849	1,849
74	Canon D5 Mark III camera	6/07/13	3,300		0	0	1,650	1,650
75	Avayo VOIP Module	8/01/13	2,076		0	0	1,038	1,038
76	20 Desktop Dell Optiplex	12/20/13	5,540		0	0	2,770	2,770
77	Electric lock and keypad	12/27/13	2,830		0	0	1,415	1,415
79	CRV 11	10/01/13	13,861		0	0	6,930	6,931
81	Beds	8/01/14	10,488		0	0	5,244	5,244
82	TV Stand and Dresser	8/01/14	540		0	0	270	270
83	Dresser	8/01/14	1,899		0	0	949	950
84	Cameras	8/01/14	1,657		0	0	829	828
85	TV	8/01/14	778		0	0	389	389
86	TV	8/01/14	740		0	0	370	370
90	Washer and Dryer	8/01/14	3,252		0	0	1,626	1,626
91	Washer and Dryer	12/01/14	3,798		0	0	1,899	1,899
93	CU Desktop	1/01/14	1,710		0	0	855	855
94	Dallas eSchool Furniture	9/01/14	3,233		0	0	1,617	1,616
95	Microsoft Surface	11/24/14	1,620		0	0	810	810
96	Dell E5440	12/04/14	1,210		0	0	605	605
97	CU Dividers	7/01/14	4,579		0	0	2,289	2,290
98	CU Bookcases	7/01/14	4,170		0	0	2,085	2,085
99	CU Server Dell	7/22/14	5,322		0	0	2,661	2,661
100	EU Dell Server	7/15/14	3,103		0	0	1,552	1,551
101	EU Computer 101	7/03/14	13,017		0	0	6,509	6,508
102	EU portable dividers	7/29/14	2,227		0	0	1,114	1,113
103	EU furniture	7/29/14	12,468		0	0	6,234	6,234
104	EU PA System	8/05/14	1,980		0	0	990	990
105	EU Armless Chairs	11/18/14	6,202		0	0	3,101	3,101
106	Roof	9/22/15	10,725		0	0	5,363	5,362
107	House remodel	9/01/15	74,982		0	0	37,491	37,491
108	Furniture	9/01/15	7,266		0	0	3,633	3,633
109	Remodel of suite C	6/22/15	24,013		0	0	12,006	12,007
110	Remodel of suite B	6/01/15	46,787		0	0	23,394	23,393
111	Dallas office painting	8/05/15	1,880		0	0	940	940
112	Cubicles	6/22/15	1,800		0	0	900	900
113	Portable dividers for gym	2/03/15	9,020		0	0	4,510	4,510
114	Steel Mobile bookcase	2/09/15	4,039		0	0	2,019	2,020
115	Portable PA system and upgrade	2/10/15	5,768		0	0	2,884	2,884
116	Epson Projector wall	2/10/15	821		0	0	411	410
117	2 Epson projectors	2/20/15	6,094		0	0	3,047	3,047
118	Ebooks and video	3/02/15	4,204		0	0	2,102	2,102
119	Set of Crime and Punishment books	3/09/15	9,626		0	0	4,813	4,813
120	14 Delll MOniters and ADV Exch	3/13/15	8,012		0	0	4,006	4,006
121	120 Entre Books	3/16/15	10,543		0	0	5,271	5,272
122	Furniture of Estes Unit	2/28/15	4,062		0	0	2,031	2,031
123	PA System upgrade for Gym	5/01/15	2,118		0	0	1,059	1,059
124	Monitor	5/18/15	82		0	0	41	41
125	AV Upgrade	5/27/15	3,662		0	0	1,831	1,831
126	New Sound Mic & Speakers	6/13/15	2,176		0	0	1,088	1,088
127	18 Dell Optiplex 780 Core i5 Windows	6/16/15	9,540		0	0	4,770	4,770
128	Black Grid stools and 2 DJ tables	6/19/15	1,763		0	0	881	882
129	Graduation gowns	7/31/15	3,369		0	0	1,685	1,684
130	Stage and case	8/06/15	4,250		0	0	2,125	2,125
131	Projector board, tables podium	8/17/15	2,258		0	0	1,129	1,129
132	Epson projector	8/20/15	3,050		0	0	1,525	1,525
133	E School Tables	8/28/15	1,950		0	0	975	975
134	2011 Honda CRV	2/06/15	16,165		0	0	8,082	8,083
135	2013 Toyota Highlander	11/10/15	19,395	100	0	0	9,697	9,698
136	CASA House cameras	6/30/16	798		0	0	399	399
137	500 Folding Chairs Estes	1/05/16	6,775		0	0	3,387	3,388
138	Sound system Estes	1/22/16	5,049		0	0	2,524	2,525
139	DJ Speakers with wheels	1/23/16	650		0	0	325	325
140	Gig case with wheels	1/24/16	858		0	0	429	429
141	Table, base, cabinet Estes	2/05/16	1,502		0	0	751	751
142	40 armless stacking chairs	2/05/16	3,101		0	0	1,550	1,551
143	4 Dell 21.5 Monitor & ADV Exch	4/13/16	2,993		0	0	1,496	1,497
144	Lap Top	4/27/16	723		0	0	361	362
145	Computer video editing Estes	7/12/16	585		0	0	292	293
146	Lap Top	8/08/16	950		0	0	475	475
147	Computer Lab Cabinets & Lights	9/09/16	1,726		0	0	863	863
148	IKEA Cabinets for CLE	9/06/16	4,133		0	0	2,067	2,066
149	IKEA Cabinets for CLE	9/09/16	1,127		0	0	563	564

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
150	IKEA Cabinets for CLE	9/12/16	223		0	0	112	111
151	Dell	9/13/16	1,102		0	0	551	551
152	Tables and barstools	10/26/16	4,010		0	0	2,005	2,005
153	Toyota Highlander	12/20/16	19,361		0	0	9,680	9,681
154	Chairs for Cleveland (room and lab)	3/01/17	10,325		0	0	5,163	5,162
155	Camera equipment	7/10/17	2,185		0	0	1,093	1,092
156	Computer for Laura	10/04/17	830		0	0	830	0
157	Computer for Gami	10/04/17	830		0	0	830	0
158	DJ computer for CLE	10/26/17	600		0	0	600	0
159	Computer lab	10/03/17	750		0	0	750	0
160	Computer for Marc	10/19/17	672		0	0	672	0
161	2015 Toyota Seinna, Red	7/12/17	19,409		0	0	9,705	9,704
162	2015 Toyota Sienna, White	8/05/17	19,439		0	0	9,720	9,719
164	Caleb AC units	3/16/17	6,770		0	0	3,385	3,385
165	Columbia bathroom remodel	4/30/17	14,582		0	0	7,291	7,291
166	Caleb replace exterior wood	6/22/17	1,580		0	0	790	790
167	Austin electronics	5/31/17	5,962		0	0	2,981	2,981
168	Computer	10/31/17	540		0	0	540	0
169	Austin new furniture	5/31/17	9,915		0	0	4,958	4,957
170	Refrigerator	7/31/17	909		0	0	455	454
171	Columbia remodel	5/01/18	1,980		0	1,980	0	0
172	Dryer	1/31/18	529		0	529	0	0
173	Beds for fresh start side b	4/30/18	974		0	974	0	0
174	Bed frames, sofa, dressers for fresh start	6/30/18	2,734		0	2,734	0	0
175	Lockhart computer lab	2/15/18	12,500		0	12,500	0	0
176	Lockhart computer lab	2/15/18	2,140		0	2,140	0	0
177	Lockhart computer lab	2/15/18	5,388		0	5,388	0	0
178	3 piece portable stage and steps	3/07/18	6,079		0	6,079	0	0
179	charis	3/27/18	3,089		0	3,089	0	0
180	Bookcases/dry erase board	7/26/18	3,829		0	3,829	0	0
181	2006 Toyota Seinna	4/06/18	5,584		0	5,584	0	0
182	Painting - suite A	3/14/18	1,138		0	1,138	0	0
<b>Grand Total</b>			<u>611,646</u>		<u>0</u>	<u>45,964</u>	<u>284,952</u>	<u>280,730</u>

**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	44	Kit Lane	5,289	5,289	0
Page 1	1	73	600 Used chairs	79	79	0
Page 1	1	74	Canon D5 Mark III camera	0	0	0
Page 1	1	75	Avayo VOIP Module	0	0	0
Page 1	1	76	20 Desktop Dell Optiplex	0	0	0
Page 1	1	77	Electric lock and keypad	0	0	0
Page 1	1	79	CRV 11	664	664	0
Page 1	1	81	Beds	468	468	0
Page 1	1	82	TV Stand and Dresser	24	24	0
Page 1	1	83	Dresser	85	85	0
Page 1	1	84	Cameras	96	96	0
Page 1	1	85	TV	45	45	0
Page 1	1	86	TV	43	43	0
Page 1	1	90	Washer and Dryer	145	145	0
Page 1	1	91	Washer and Dryer	169	169	0
Page 1	1	93	CU Desktop	0	0	0
Page 1	1	94	Dallas eSchool Furniture	186	270	-84
Page 1	1	95	Microsoft Surface	0	0	0
Page 1	1	96	Dell E5440	70	70	0
Page 1	1	97	CU Dividers	264	264	0
Page 1	1	98	CU Bookcases	240	240	0
Page 1	1	99	CU Server Dell	307	307	0
Page 1	1	100	EU Dell Server	179	179	0
Page 1	1	101	EU Computer 101	750	750	0
Page 1	1	102	EU portable dividers	128	128	0
Page 1	1	103	EU furniture	557	719	-162
Page 1	1	104	EU PA System	114	114	0
Page 1	1	105	EU Armless Chairs	357	357	0
Page 1	1	106	Roof	348	348	0
Page 1	1	107	House remodel	2,885	2,885	0
Page 1	1	108	Furniture	454	454	0
Page 1	1	109	Remodel of suite C	924	924	0
Page 1	1	110	Remodel of suite B	1,800	1,800	0
Page 1	1	111	Dallas office painting	72	72	0
Page 1	1	112	Cubicles	70	70	0
Page 1	1	113	Portable dividers for gym	520	520	0
Page 1	1	114	Steel Mobile bookcase	233	233	0
Page 1	1	115	Portable PA system and upgrade	332	332	0
Page 1	1	116	Epson Projector wall	47	47	0
Page 1	1	117	2 Epson projectors	351	351	0
Page 1	1	118	Ebooks and video	242	242	0
Page 1	1	119	Set of Crime and Punishment books	555	555	0
Page 1	1	120	14 Delll MONitors and ADV Exch	461	461	0
Page 1	1	121	120 Entre Books	607	607	0
Page 1	1	122	Furniture of Estes Unit	234	234	0
Page 1	1	123	PA System upgrade for Gym	122	122	0
Page 1	1	124	Monitor	5	5	0
Page 1	1	125	AV Upgrade	211	211	0
Page 1	1	126	New Sound Mic & Speakers	125	125	0
Page 1	1	127	18 Dell Optiplex 780 Core i5 Windows	550	545	5
Page 1	1	128	Black Grid stools and 2 DJ tables	102	102	0
Page 1	1	129	Graduation gowns	194	194	0
Page 1	1	130	Stage and case	266	266	0
Page 1	1	131	Projector board, tables podium	130	130	0
Page 1	1	132	Epson projector	175	175	0
Page 1	1	133	E School Tables	113	113	0
Page 1	1	134	2011 Honda CRV	931	931	0
Page 1	1	135	2013 Toyota Highlander	1,117	1,117	0
Page 1	1	136	CASA House cameras	72	72	0
Page 1	1	137	500 Folding Chairs Estes	528	528	0
Page 1	1	138	Sound system Estes	394	394	0
Page 1	1	139	DJ Speakers with wheels	51	51	0
Page 1	1	140	Gig case with wheels	67	67	0
Page 1	1	141	Table, base, cabinet Estes	117	117	0
Page 1	1	142	40 armless stacking chairs	242	242	0
Page 1	1	143	4 Dell 21.5 Monitor & ADV Exch	270	270	0

**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	144	Lap Top	65	65	0
Page 1	1	145	Computer video editing Estes	59	59	0
Page 1	1	146	Lap Top	97	97	0
Page 1	1	147	Computer Lab Cabinets & Lights	176	176	0
Page 1	1	148	IKEA Cabinets for CLE	377	377	0
Page 1	1	149	IKEA Cabinets for CLE	115	115	0
Page 1	1	150	IKEA Cabinets for CLE	23	23	0
Page 1	1	151	Dell	112	112	0
Page 1	1	152	Tables and barstools	457	457	0
Page 1	1	153	Toyota Highlander	2,207	2,207	0
Page 1	1	154	Chairs for Cleveland (room and lab)	1,652	1,652	0
Page 1	1	155	Camera equipment	350	350	0
Page 1	1	156	Computer for Laura	0	0	0
Page 1	1	157	Computer for Gami	0	0	0
Page 1	1	158	DJ computer for CLE	0	0	0
Page 1	1	159	Computer lab	0	0	0
Page 1	1	160	Computer for Marc	0	0	0
Page 1	1	161	2015 Toyota Seinna, Red	3,105	3,105	0
Page 1	1	162	2015 Toyota Sienna, White	3,110	3,110	0
Page 1	1	164	Caleb AC units	322	322	0
Page 1	1	165	Columbia bathroom remodel	692	692	0
Page 1	1	166	Caleb replace exterior wood	75	75	0
Page 1	1	167	Austin electronics	954	954	0
Page 1	1	168	Computer	0	0	0
Page 1	1	169	Austin new furniture	1,214	1,214	0
Page 1	1	170	Refrigerator	112	112	0
Page 1	1	171	Columbia remodel	1,980	1,980	0
Page 1	1	172	Dryer	529	529	0
Page 1	1	173	Beds for fresh start side b	974	974	0
Page 1	1	174	Bed frames, sofa, dressers for fresh start	2,734	2,734	0
Page 1	1	175	Lockhart computer lab	12,500	12,500	0
Page 1	1	176	Lockhart computer lab	2,140	2,140	0
Page 1	1	177	Lockhart computer lab	5,388	5,388	0
Page 1	1	178	3 piece portable stage and steps	6,079	6,079	0
Page 1	1	179	charis	3,089	3,089	0
Page 1	1	180	Bookcases/dry erase board	3,829	3,829	0
Page 1	1	181	2006 Toyota Seinna	5,584	5,584	0
Page 1	1	182	Painting - suite A	1,138	1,138	0
				<u>87,414</u>	<u>87,655</u>	<u>-241</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
44	Kit Lane	10/06/08	145,450	5,289	5,289
73	600 Used chairs	6/01/13	3,698	0	0
74	Canon D5 Mark III camera	6/07/13	3,300	0	0
75	Avayo VOIP Module	8/01/13	2,076	0	0
76	20 Desktop Dell Optiplex	12/20/13	5,540	0	0
77	Electric lock and keypad	12/27/13	2,830	0	0
79	CRV 11	10/01/13	13,861	0	0
81	Beds	8/01/14	10,488	468	468
82	TV Stand and Dresser	8/01/14	540	24	24
83	Dresser	8/01/14	1,899	85	85
84	Cameras	8/01/14	1,657	47	47
85	TV	8/01/14	778	22	22
86	TV	8/01/14	740	21	21
90	Washer and Dryer	8/01/14	3,252	145	145
91	Washer and Dryer	12/01/14	3,798	170	170
93	CU Desktop	1/01/14	1,710	0	0
94	Dallas eSchool Furniture	9/01/14	3,233	93	134
95	Microsoft Surface	11/24/14	1,620	0	0
96	Dell E5440	12/04/14	1,210	35	35
97	CU Dividers	7/01/14	4,579	132	132
98	CU Bookcases	7/01/14	4,170	120	120
99	CU Server Dell	7/22/14	5,322	153	153
100	EU Dell Server	7/15/14	3,103	89	89
101	EU Computer 101	7/03/14	13,017	375	375
102	EU portable dividers	7/29/14	2,227	64	64
103	EU furniture	7/29/14	12,468	556	359
104	EU PA System	8/05/14	1,980	57	57
105	EU Armless Chairs	11/18/14	6,202	179	179
106	Roof	9/22/15	10,725	312	312
107	House remodel	9/01/15	74,982	2,596	2,596
108	Furniture	9/01/15	7,266	324	324
109	Remodel of suite C	6/22/15	24,013	831	831
110	Remodel of suite B	6/01/15	46,787	1,620	1,620
111	Dallas office painting	8/05/15	1,880	65	65
112	Cubicles	6/22/15	1,800	62	62
113	Portable dividers for gym	2/03/15	9,020	519	519
114	Steel Mobile bookcase	2/09/15	4,039	232	232
115	Portable PA system and upgrade	2/10/15	5,768	332	332
116	Epson Projector wall	2/10/15	821	48	48
117	2 Epson projectors	2/20/15	6,094	351	351
118	Ebooks and video	3/02/15	4,204	242	242
119	Set of Crime and Punishment books	3/09/15	9,626	554	554
120	14 Dell MONitors and ADV Exch	3/13/15	8,012	462	462
121	120 Entre Books	3/16/15	10,543	607	607
122	Furniture of Estes Unit	2/28/15	4,062	234	234
123	PA System upgrade for Gym	5/01/15	2,118	122	122
124	Monitor	5/18/15	82	4	4
125	AV Upgrade	5/27/15	3,662	211	211
126	New Sound Mic & Speakers	6/13/15	2,176	126	126
127	18 Dell Optiplex 780 Core i5 Windows	6/16/15	9,540	549	544
128	Black Grid stools and 2 DJ tables	6/19/15	1,763	101	101
129	Graduation gowns	7/31/15	3,369	194	194
130	Stage and case	8/06/15	4,250	190	190
131	Projector board, tables podium	8/17/15	2,258	130	130
132	Epson projector	8/20/15	3,050	176	176
133	E School Tables	8/28/15	1,950	112	112
134	2011 Honda CRV	2/06/15	16,165	931	931
135	2013 Toyota Highlander	11/10/15	19,395	1,117	1,117
136	CASA House cameras	6/30/16	798	46	46
137	500 Folding Chairs Estes	1/05/16	6,775	373	373
138	Sound system Estes	1/22/16	5,049	278	278
139	DJ Speakers with wheels	1/23/16	650	36	36
140	Gig case with wheels	1/24/16	858	47	47
141	Table, base, cabinet Estes	2/05/16	1,502	83	83
142	40 armless stacking chairs	2/05/16	3,101	171	171
143	4 Dell 21.5 Monitor & ADV Exch	4/13/16	2,993	170	170
144	Lap Top	4/27/16	723	41	41

Asset	Description	Date In Service	Cost	Tax	AMT
145	Computer video editing Estes	7/12/16	585	36	36
146	Lap Top	8/08/16	950	58	58
147	Computer Lab Cabinets & Lights	9/09/16	1,726	105	105
148	IKEA Cabinets for CLE	9/06/16	4,133	269	269
149	IKEA Cabinets for CLE	9/09/16	1,127	69	69
150	IKEA Cabinets for CLE	9/12/16	223	14	14
151	Dell	9/13/16	1,102	68	68
152	Tables and barstools	10/26/16	4,010	275	275
153	Toyota Highlander	12/20/16	19,361	1,325	1,325
154	Chairs for Cleveland (room and lab)	3/01/17	10,325	991	991
155	Camera equipment	7/10/17	2,185	209	209
156	Computer for Laura	10/04/17	830	0	0
157	Computer for Gami	10/04/17	830	0	0
158	DJ computer for CLE	10/26/17	600	0	0
159	Computer lab	10/03/17	750	0	0
160	Computer for Marc	10/19/17	672	0	0
161	2015 Toyota Seinna, Red	7/12/17	19,409	1,863	1,863
162	2015 Toyota Sienna, White	8/05/17	19,439	1,866	1,866
164	Caleb AC units	3/16/17	6,770	289	289
165	Columbia bathroom remodel	4/30/17	14,582	624	624
166	Caleb replace exterior wood	6/22/17	1,580	67	67
167	Austin electronics	5/31/17	5,962	572	572
168	Computer	10/31/17	540	0	0
169	Austin new furniture	5/31/17	9,915	867	867
170	Refrigerator	7/31/17	909	79	79
171	Columbia remodel	5/01/18	1,980	0	0
172	Dryer	1/31/18	529	0	0
173	Beds for fresh start side b	4/30/18	974	0	0
174	Bed frames, sofa, dressers for fresh start	6/30/18	2,734	0	0
175	Lockhart computer lab	2/15/18	12,500	0	0
176	Lockhart computer lab	2/15/18	2,140	0	0
177	Lockhart computer lab	2/15/18	5,388	0	0
178	3 piece portable stage and steps	3/07/18	6,079	0	0
179	charis	3/27/18	3,089	0	0
180	Bookcases/dry erase board	7/26/18	3,829	0	0
181	2006 Toyota Seinna	4/06/18	5,584	0	0
182	Painting - suite A	3/14/18	1,138	0	0
			<u>757,096</u>	<u>32,369</u>	<u>32,208</u>

**Other Depreciation:**

49	Land	10/06/08	40,000	0	0
62	Desks and Chairs - CV	4/30/11	6,272	0	0
63	Avaya - Phones add in	7/26/11	4,221	0	0
64	Xerox Phaser	8/01/11	1,874	0	0
68	Caleb House Land	1/01/09	29,913	0	0
69	Caleb House Building	1/01/09	105,944	3,853	0
70	Foundation	3/02/12	9,330	622	275
87	Columbia Land	2/03/14	143,657	0	0
88	Columbia Building	9/01/14	235,125	8,550	9,405
89	Kit Lane roof	8/01/14	7,650	510	238
	<b>Total Other Depreciation</b>		<u>583,986</u>	<u>13,535</u>	<u>9,918</u>

	<b>Total ACRS and Other Depreciation</b>	<u>583,986</u>	<u>13,535</u>	<u>9,918</u>
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	<b>Grand Totals</b>	<u>1,341,082</u>	<u>45,904</u>	<u>42,126</u>
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Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2017 &amp; 2018</b>	
		For calendar year 2018, or tax year beginning		, ending	
Name <b>Prison Entrepreneurship Program, Inc.</b>				Taxpayer Identification Number <b>20-1384253</b>	
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>2,257,185</b>	<b>2,421,144</b>	<b>163,959</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	<b>226,093</b>	<b>233,233</b>	<b>7,140</b>
	5. Investment income	5.	<b>8,288</b>	<b>11,006</b>	<b>2,718</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	<b>4,983</b>	<b>-1,284</b>	<b>-6,267</b>
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	<b>22,706</b>	<b>39,762</b>	<b>17,056</b>
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>2,519,255</b>	<b>2,703,861</b>	<b>184,606</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>499,998</b>	<b>591,618</b>	<b>91,620</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>1,057,569</b>	<b>1,140,510</b>	<b>82,941</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>9,150</b>	<b>12,100</b>	<b>2,950</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>357,262</b>	<b>346,194</b>	<b>-11,068</b>
	20. Depreciation and Depletion	20.	<b>110,550</b>	<b>100,948</b>	<b>-9,602</b>
	21. Other expenses	21.	<b>670,963</b>	<b>702,630</b>	<b>31,667</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>2,705,492</b>	<b>2,894,000</b>	<b>188,508</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>-186,237</b>	<b>-190,139</b>	<b>-3,902</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>2,519,255</b>	<b>2,703,861</b>	<b>184,606</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>262,070</b>	<b>282,717</b>	<b>20,647</b>
	27. Total assets	27.	<b>3,652,596</b>	<b>3,462,561</b>	<b>-190,035</b>
	28. Total liabilities	28.	<b>669,424</b>	<b>679,914</b>	<b>10,490</b>
	29. Retained earnings	29.	<b>2,983,172</b>	<b>2,782,647</b>	<b>-200,525</b>
	30. Number of voting members of governing body	30.	<b>9</b>	<b>8</b>	
31. Number of independent voting members of governing body	31.	<b>9</b>	<b>8</b>		
32. Number of employees	32.	<b>34</b>	<b>39</b>		
33. Number of volunteers	33.	<b>1000</b>	<b>880</b>		

Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
Name <b>Prison Entrepreneurship Program, Inc.</b>		Employer Identification Number <b>20-1384253</b>

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants .....	2,955,185	1,884,114	2,717,337	2,257,185	2,421,144	2,421,144
Membership dues .....						
Program service revenue .....	74,849	175,012	217,688	226,093	233,233	233,233
Capital gain or loss .....	-13,098	480	3,615	4,983	-1,284	-1,284
Investment income .....	391	1,133	6,445	8,288	11,006	11,006
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	10,046	14,153	17,782	22,706	39,762	39,762
<b>Total revenue</b> .....	<b>3,027,373</b>	<b>2,074,892</b>	<b>2,962,867</b>	<b>2,519,255</b>	<b>2,703,861</b>	<b>2,703,861</b>
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	253,858	379,989	453,268	499,998	591,618	591,618
Other compensation .....	823,711	885,987	1,016,693	1,057,569	1,140,510	1,140,510
Professional fees .....	40,850	7,750	8,200	9,150	12,100	12,100
Occupancy costs .....	79,827	208,939	254,245	357,262	346,194	346,194
Depreciation and depletion .....	91,135	212,363	92,491	110,550	100,948	100,948
Other expenses .....	522,315	584,445	574,392	670,963	702,630	702,630
<b>Total expenses</b> .....	<b>1,811,696</b>	<b>2,279,473</b>	<b>2,399,289</b>	<b>2,705,492</b>	<b>2,894,000</b>	<b>2,894,000</b>
<b>Excess or (Deficit)</b> .....	<b>1,215,677</b>	<b>-204,581</b>	<b>563,578</b>	<b>-186,237</b>	<b>-190,139</b>	<b>-190,139</b>
<b>Total exempt revenue</b> .....	<b>3,027,373</b>	<b>2,074,892</b>	<b>2,962,867</b>	<b>2,519,255</b>	<b>2,703,861</b>	<b>2,703,861</b>
Total unrelated revenue .....						
Total excludable revenue .....	72,188	190,778	245,530	262,070	282,717	282,717
Total Assets .....	3,254,930	3,186,137	3,747,931	3,652,596	3,462,561	3,462,561
Total Liabilities .....	592,153	596,478	590,089	669,424	679,914	679,914
Net Fund Balances .....	2,662,777	2,589,659	3,157,842	2,983,172	2,782,647	2,782,647



# Federal Statements

## Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 11,006		14			
Total	\$ <u>11,006</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other professional fees	\$ 1,299	\$ 1,299	\$	\$
Total	\$ 1,299	\$ 1,299	\$ 0	\$ 0

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Repairs and maintenance	\$ 33,119	\$ 28,947	\$ 1,932	\$ 2,240
Education/curriculum	26,702	24,078	1,214	1,410
Bank charges	12,724	10,167	1,184	1,373
Other	3,069	3,069		
Total	\$ 75,614	\$ 66,261	\$ 4,330	\$ 5,023