Form 990

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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 for instructions and the latest information.



AF	or th	e 2018 calendar year, or tax year beginning and e	ending			
B c	heck if pplicab	le: C Name of organization		D Employer identific	cation number	
Address		WELCOME HOME, INC.				
	Name	Doing business as		43-13	372690	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite			
	Final	2120 BUSINESS LOOP 70 E		573-443-800		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,686,789.	
	Amer	COLOMBIA, MO 65201		H(a) Is this a group re		
	Appli tion pend	I Name and address of principal officer. III Officer Diffe		for subordinates	? Yes X No	
	-	ZIZU BUSINESS LOOP /U E, COLUMBIA, MO	65201	H(b) Are all subordinates in		
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$	or 527	1 '	list. (see instructions)	
		te: VELCOMEVETERANS.ORG	1	H(c) Group exemption		
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1985 N	State of legal domicile: MO	
ГС	1	Briefly describe the organization's mission or most significant activities: WELCO			UONOP	
e	1	VETERANS AND RESTORE LIVES.		ME WORKS IO	HONOK	
Activities & Governance	2	Check this box	ed of more	than 25% of its net ass	ets	
veri	3			1.1	16	
ĝ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			16	
ອ ທ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		31		
itie	6	Total number of volunteers (estimate if necessary)			876	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
Ā		Net unrelated business taxable income from Form 990-T, line 38			0.	
				Prior Year	Current Year	
¢	8	Contributions and grants (Part VIII, line 1h)		1,595,299.	1,600,648.	
ňué	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,357.	34,865.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,910.	23,856.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,649,566.	1,659,369.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		558,708.	952,679.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		18,400.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 78, 18		E11 0C0		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		511,868. 1,088,976.	<u>651,659.</u> 1,604,338.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		560,590.	55,031.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12				
ts or	20	Total assots (Dart V line 16)		ginning of Current Year 3 , 857 , 621 •	End of Year 3,937,602.	
Assets -	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		78,601.	103,551.	
Net A	21	Net assets or fund balances. Subtract line 21 from line 20		3,779,020.	3,834,051.	
	art II	Signature Block			5,051,051	

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	Signature of officer		D	ate				
Here	MEGAN SIEVERS, DEVELOP	MENT DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	AMANDA SCHULTZ			self-employed P02235888				
Preparer	Firm's name 🕒 WILLIAMS-KEEPERS	LLC	F	irm's EIN 4 3-1126847				
Use Only	Firm's address 🖕 2005 WEST BROADW	AY, SUITE 100						
	COLUMBIA, MO 652	103	Р	hone no. (573) 442-6171				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

		43-1372690	Page 2
t III Statement of Program Service Accom	plishments		
· · · · · · · · · · · · · · · · · · ·	o any line in this Part III		
	VETERANS AND REST	FORE LIVES.	
prior Form 990 or 990-EZ?			es X No
Did the organization cease conducting, or make significa	ant changes in how it conducts, a	any program services? Yo	es X No
Describe the organization's program service accomplish Section 501(c)(3) and 501(c)(4) organizations are required			
(Code:) (Expenses \$1,008,562.)
VETERANS OF THE UNITED STATE			OF
HOMELESSNESS.			
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
Other program services (Describe in Schedule O.)			
	till Statement of Program Service Accom Check if Schedule O contains a response or note t Briefly describe the organization's mission: WELCOME HOME WORKS TO HONOR Did the organization undertake any significant program service so no schedule O. Did the organization cease conducting, or make significant program service accomplish Section 501(c)(3) and 501(c)(4) organizations are required (Code:) (Expenses \$	IIII Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WELCOME HOME WORKS TO Home WORKS Did the organization undertake any significant program services during the year which we prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, a ff "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three larges Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service reported. (Code:) (Expenses \$	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Did the organization simision: WELCOME HOME WORKS TO HONOR VETERANS AND RESTORE LIVES.

 Form 990 (2018)
 WELCOME HOME, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X 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? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X 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?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018)

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Form 990 (2018) WELCOME HOME, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29			X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u></u>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		·····	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2018) WELCOME HOME, INC. 43-1372 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	690	Pa	age 5
Fai	Statements Regarding Other IRS Fillings and Tax Compliance (continued)		Y	
0			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 31			
h		2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Λ	
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 55		
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g				
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
b 11		-		
11 а	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. ... X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

Sec	tion A. doverning body and Management					
		Ι.	1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	16			
	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 0.		16			
b	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		v
-	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6 7-	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			<u>7a</u>		
D				76		х
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		<u> </u>
8				00	X	
a b				8a 8b	X	
9	Each committee with authority to act on behalf of the governing body?			00		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Codal	<u> </u>		
	This Section B requests information about policies not required by the internal he	erue			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ū.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe			
	in Schedule O how this was done	· · · · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	lependent			
	$\ensuremath{persons}$, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					77
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		'S			
800	exempt status with respect to such arrangements?			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	NH 000 .	Γ (Section 501(c)(2)c	only	availah	
10	for public inspection. Indicate how you made these available. Check all that apply.	10 390-		Uniy) a	avallau	10
	Own website Another's website X Upon request Other (explain	n in C-l	adula O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	al	
	statements available to the public during the tax year.		nitoroot policy, and	mano		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records			
	MEGAN SIEVERS - 573-443-8001					
	2120 BUSINESS LOOP 70 E, COLUMBIA, MO 65201					

Form 990 (2	WELCOME	HOME,	INC.		43-1372690	Page 7
Part VII	Compensation of Officers,	Director	s, Trustees,	Key Employees, Highest Compe	nsated	
	Employees, and Independe	ent Contr	actors			
	Check if Schedule O contains a res	ponse or no	ote to any line i	this Part VII		
Section A.	Officers, Directors, Trustees, Ke	y Employe	es, and Highes	t 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 (Ď), (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. Т

(A) Name and Title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unles	ss per	rson i	than o is both pr/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROSS BRIDGES DIRECTOR	2.00	x						0.	0.	0.
(2) WES PARKS	2.00									
TREASURER		x		x				0.	0.	0.
(3) DALE FITCH	2.00									
DIRECTOR		x						0.	0.	0.
(4) DANIEL BECKETT	2.00									
DIRECTOR		х						0.	0.	0.
(5) JOSEPH BLANTON	2.00									
SECRETARY		x		х				0.	0.	0.
(6) SHELLY SILVEY	2.00									
DIRECTOR		х						0.	0.	0.
(7) STEVE RICHEY	2.00									
DIRECTOR		Х						0.	0.	Ο.
(8) TERY DONELSON	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) TERRY ROBERTS	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(10) RICHARD HARDING	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ROBERT ROSS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JAMES CHAPMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BRAD STAGG	2.00									_
DIRECTOR		Х						0.	0.	0.
(14) JENNY LORENZ-RUDKIN	2.00									-
DIRECTOR		Х						0.	0.	0.
(15) ROBERT CANINE	2.00									•
DIRECTOR		Х				<u> </u>		0.	0.	0.
(16) TIM RICH	40.00									
EXECUTIVE DIRECTOR				X				87,891.	0.	11,558.
										000

	990 (2018) WELCOME	HOME, IN	IC.							43-13	3720	590	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson i) than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	comp fro orga anc	pensat om the anizati I relate nizatio	e on ed
						×		4						
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							87,891. 0. 87,891.		0.0.0.		L,55	0.
2	Total number of individuals (including but n compensation from the organization							o re		000 of reportable) }			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s					•			•			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth <i>J f</i>	ner compensation from the for such individual	ne organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co the organization. Report compensation for								the organization's tax y		bensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C omper		1
2	Total number of independent contractors (in \$100,000 of compensation from the organi	•	ot lin	niteo	to t	thos		ted	above) who received mo	pre than				

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m 9 arl	990 () t VII		ME HOME, IUE	THC.			43-137	2690 Pa
				or note to any line	e in this Part VIII			Γ
		Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
Its	1 a	Federated campaigns						
our		Membership dues						
Am	с	Fundraising events						
ar	d	Related organizations						
E	е	Government grants (contribut	ions) 1e	913,949.				
ž	f	All other contributions, gifts, gran						
and Other Similar An		similar amounts not included abo	ve 1f	<u>686,699.</u>				
p		Noncash contributions included in lines						
a	h	Total. Add lines 1a-1f			1,600,648.			
	0.0			Business Code				
Kevenue	2a b							
an	c							
ver	d							
не	e							
	-	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		►	707.			70
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						-
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	34,158.					
	b	Less: cost or other basis	0.					
	-	and sales expenses	34,158.					
		Gain or (loss) Net gain or (loss)			34,158.	34,158.		
		Gross income from fundraisin			54,150.	51,150.		
	0 4	including \$						
		contributions reported on line						
		Part IV, line 18		46,760.				
	b	Less: direct expenses						
		Net income or (loss) from fund			19,340.			19,34
	9 a	Gross income from gaming ad	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam	-	►				
-	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale		▶				
┢		Miscellaneous Revenu	e	Business Code	A F1C	A E1C		
		MISCELLANEOUS		900099	4,516.	4,516.		
	b							
	C L							
		All other revenue			4,516.			
	е	Total. Add lines 11a-11d		🏲	<u>4,510.</u> 1,659,369.	38,674.	0	. 20,04

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)

	Check if Schedule O contains a respons		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	99,448.	59,669.	39,779.	
5	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	704,837.	435,949.	268,888.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,577.	4,715. 47,089.	2,862.	
9	Other employee benefits	76,150.	47,089.	29,061.	
)	Payroll taxes	64,667.	39,864.	24,803.	
1	Fees for services (non-employees):	-			
а	Management	15,492.		15,492.	
	Legal	5,000.		5,000.	
	Accounting	14,375.		14,375.	
	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	39,171.		39,171.	
2	Advertising and promotion	61,164.		108.	61,056
-	Office expenses	29,479.		24,516.	4,963
1	Information technology				_/
5	Royalties				
3	Occupancy	89,829.	89,829.		
,	Travel	12,786.	12,786.		
3	Payments of travel or entertainment expenses	12,7000			
•	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
))	Г				
, I	Payments to affiliates				
2	Depreciation, depletion, and amortization	143,541.	137,805.	2,868.	2,868.
<u>2</u> 3	. Г	18,233.	137,003.	18,233.	2,000
6 -	Other expenses. Itemize expenses not covered	10,255.		10,233.	
r	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND EQUIPMENT	71,395.	68,645.		2,750
	CLIENT ASSISTANCE	61,798.	61,798.		_,
	CLIENT MEALS	38,625.	38,625.		
d	TRAINING	23,289.		22,591.	698
	All other expenses	27,482.	11,788.	9,843.	5,851
e 5	Total functional expenses. Add lines 1 through 24e	1,604,338.	1,008,562.	517,590.	78,186
) }	Joint costs. Complete this line only if the organization	<u>-,</u>	1,000,002.	517,550.	, , , , , , , , , , , , , , , , , , , ,
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

WELCOME HOME, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

OME	HOME,	INC.	

		Check if Schedule O contains a response or note to any li	ine in this Part X			
	-			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		166,419.	1	244,102.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		121,080.	3	248,035.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former offic				
		trustees, key employees, and highest compensated employees	oyees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified perso	ons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of section 501(c				
ŝts		employees' beneficiary organizations (see instr). Complete			6	
Assets	7	Notes and loans receivable, net			7	
◄	8	Inventories for sale or use		•	8	<u> </u>
	9			0.	9	6,070.
	10a	Land, buildings, and equipment: cost or other	2 645 524			
		basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	3,645,731.	2 5 7 0 1 0 0		2 420 205
				3,570,122.	10c	3,439,395.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,857,621.	15	3,937,602.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		78,601.	16	103,551.
	17	Accounts payable and accrued expenses	I	70,001.	17 18	105,551.
	18 19	Grants payable			10 19	
	20	Deferred revenue			20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of			20	
	22	Loans and other payables to current and former officers,			21	
Liabilities		key employees, highest compensated employees, and dis				
bili		Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrelated third	Г		23	
	24	Unsecured notes and loans payable to unrelated third pay	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		78,601.	26	103,551.
		Organizations that follow SFAS 117 (ASC 958), check I				
ŝ		complete lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets		3,764,020.	27	3,834,051.
alaı	28	Temporarily restricted net assets		15,000.	28	0.
ЧB	29	Permanently restricted net assets			29	
Lu		Organizations that do not follow SFAS 117 (ASC 958),	check here 🕨 🗌			
o		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or			32	
Ž	33	Total net assets or fund balances		3,779,020.	33	3,834,051.
	34	Total liabilities and net assets/fund balances		3,857,621.	34	3,937,602.

Form **990** (2018)

Form 990 (2018) WELCOME HOM Part X Balance Sheet Check if Schedule O contains a response of the second sec

	1990 (2018) WELCOME HOME, INC.	43-13	72690	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,659		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,604		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,779	9,02	20.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,834	1,0!	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			_ (

Form **990** (2018)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public

ntern	al Reve	enue Service		Go to www.irs.go		Inspection				
Nan	ne of	the organizati		-					Employer	identification numbe
			WELC	OME HOME,	INC.				4	3-1372690
Pa	irt I	Reason	for Public (Charity Status	(All organizations must co	mplete th	is part.) Se	e instruction	6.	
The	orgar	nization is not a	a private found	ation because it is:	(For lines 1 through 12, cl	neck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	antial part of its support fr	om a gove	ernmental	unit or from tl	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultur	al research org	anization described	l in section 170(b)(1)(A)(x) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its supp	port from o	contributio	ns, members	hip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	sively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	_	lines 12a thro	ough 12d that	describes the type o	of supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а		_ Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
	_	organizatio	n. You must c	complete Part IV, S	ections A and B.					
b				-	d or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	_ ·		-	Sections A and C.					
С			-	• •	ng organization operated				lly integrate	ed with,
	_	_	-		s). You must complete I					
d			-	-	porting organization oper				•	
			-		zation generally must sat	-		-	l an attentiv	/eness
	_		,	,	mplete Part IV, Sections	,				
е			Ũ		written determination from			Туре I, Туре	II, Type III	
_			6	51	onally integrated supporting	ng organiz	ation.			Г
		er the number		•						
g		vide the follow (i) Name of supp		about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
		organization			(described on lines 1-10	in your governi	ing document?	support (see ii	-	support (see instructions
					above (see instructions))	Yes	No		,	

Schedule A (Form 990 or 990 EZ) 2018 WELCOME HOME, INC.

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

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

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	524,408.	449,039.	544,733.	1595299.	1600648.	4714127.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	524,408.	449,039.	544,733.	1595299.	1600648.	4714127.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4714127.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	524,408.	449,039.	544,733.	1595299.	1600648.	4714127.
	Gross income from interest,			-			
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,051.	2,699.	15,973.	6,357.	707.	26,787.
9	Net income from unrelated business		,				
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		201.			4,516.	4,717.
11	Total support. Add lines 7 through 10					_/ /	4745631.
12	Gross receipts from related activities,	etc. (see instructio	ans)			12	111,176.
	First five years. If the Form 990 is for	•	,	h fourth or fifth ta			
10	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (li	ne 6. column (f) di	vided by line 11. c	olumn (f))		14	99.34 %
15	Public support percentage from 2017					15	99.25 %
	33 1/3% support test - 2018. If the c					· · ·	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
a	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"						
Ь	10% -facts-and-circumstances test	-			-		
۵ ۵		e e					
	more, and if the organization meets the organization meets the "facts-and-circ						
40	•		•	•			
18	Private foundation. If the organizatio	n ula not check a	box on line 13, 16a	a, 100, 17a, or 17b	, check this dox a	iu see instructions	P

Schedule A (Form 990 or 990-EZ) 2018	WELCOME	HOME,	INC.	
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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			d farmale - CCC :	l	- 501(1)(2)	
14	First five years. If the Form 990 is fo	-			-		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017		-			16	%
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f)		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the					·	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

11 Hat the organization accepted a gift or contribution from any of the following persons? Image: Control of the one or control of the second organization? Image: Control of the organization of the of the organization? Image: Control of the organization of the organization? Image: Control of the organization of the supported organization of the supported organization of the organization of the organization of the support organization of the support organization of the organization of the organization of the support organization of the organization of the organization or trustees of the organization organization of the organization organization organization organization ore organization organization organ				Yes	No
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the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify Image: the support of the organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below. 2b 3 Parent of Supported Organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a	2	Activities Test. Answer (a) and (b) below.		Yes	No
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how the organization was responsive to those supported organizations, and how the organization determined 2a b Did the activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 2a of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 2b reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 1a		the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
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 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</i> "Yes," <i>explain in</i> Part VI <i>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> 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		how the organization was responsive to those supported organizations, and how the organization determined			
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	5			
trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 1	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	b	······································			
			3b		

	(Form 990 or 990-EZ) 2018					
Part V	Type III Non-Function	nally Integra	ated 509	(a)(3) Sup	porting Organiz	ations

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.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
сF	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
е[Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	see instructions)	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3 N	Vinimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Enter greater of line 2 or line 3	4		
5 I	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		[
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7: Excess from 2014			
	Excess from 2014 Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018 WELCOME HOME ,	INC.
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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.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

43	-1	3	7	2	6	9	0
		2	1	4	U	~	v

Name of the organization

Organization type (check one):

WELCOME HOME, INC.

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

WELCOME HOME, INC.

43-1372690

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> 1</u>		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Name, auuress, anu ∠ir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

Page **3**

WELCOME HOME, INC.

Employer identification number

43-1372690

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or	rganization		Employer identification number				
WELCON	ME HOME, INC.		43-1372690				
Part III		through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
-	Transferee's name, address, ar		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, ar	(e) Transfer of gif	ft Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, ar	ift Relationship of transferor to transferee					
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee				
		[

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047			
	Form 990) 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.							
	ment of the Treasury		Attach to Form 990.	-	Open to Public Inspection			
	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Iame of the organization Employer identification number							
	WELCOME HOME, INC. 43-1372690							
Par		-	d Funds or Other Similar Funds or	Account	ts. Complete if the			
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(1-) [
	-		(a) Donor advised funds	(b) Fund	Is and other accounts			
1		nd of year						
2 3		f contributions to (during year)						
4		t end of year						
5			writing that the assets held in donor advised fi	unds				
-	-		exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be use					
			r donor advisor, or for any other purpose conf					
					Yes No			
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.				
1		servation easements held by the organization						
		of land for public use (e.g., recreation or e	,	•				
		f natural habitat	Preservation of a certified	historic s	tructure			
•		of open space			an analysis at an the last			
2	day of the tax year		fied conservation contribution in the form of a		Held at the End of the Tax Year			
2					neiu al lile ciiu ui lile tax teat			
a b								
c	•		ucture included in (a)	·				
			after 7/25/06, and not on a historic structure					
		., .		2d				
3			eased, extinguished, or terminated by the org		luring the tax			
	year 🕨							
4	Number of states v	where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
	,	orcement of the conservation easements it						
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easer	nents during the year			
_	▶	<u> </u>						
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements	s during the year			
8	►\$	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)				
0					Yes No			
9			on easements in its revenue and expense stat					
			tion's financial statements that describes the o					
	conservation ease	ments.						
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	[.] Similar	Assets.			
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1 a	-		SC 958), not to report in its revenue statement					
			nibition, education, or research in furtherance	of public s	ervice, provide, in Part XIII,			
		note to its financial statements that descri		le el e	hand an all and a first state of the			
b	-		C 958), to report in its revenue statement and					
			ducation, or research in furtherance of public s	service, pro	by the following amounts			
	relating to these ite			• •				
				. .	i			
2			asures, or other similar assets for financial gai					
-		unts required to be reported under SFAS 1		.,				
а	-			► \$	5			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 WELCOME	HOME, 1	ENC.					43-13	72690	Page 2
Par	t III Organizations Maintaining C	ollections o	of Art,	Historical T	reasures, or	r Other	Simila	r Assets	continu	ed)
3	Using the organization's acquisition, accessi	on, and other r	ecords,	check any of the	e following that	are a sig	nificant u	se of its c	ollection it	ems
	(check all that apply):									
а	Public exhibition		d	Loan or e	kchange progra	ams				
b	Scholarly research		е	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and e	explain h	now they further	the organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donat	tions of	art, historical tre	asures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma				collection?				Yes	No No
Par	t IV Escrow and Custodial Arran		complete	e if the organizat	ion answered '	'Yes" on I	⁻ orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other inte	ermedia	ry for contributio	ns or other ass	sets not in	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete 1	the follo	wing table:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	Did the organization include an amount on F						y?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Fai	t V Endowment Funds. Complete								()5	<u> </u>
		(a) Current y	rear	(b) Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs									
T	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•			(a)) neiù as.					
a b	Board designated or quasi-endowment ► Permanent endowment ►	%		%						
U O	Temporarily restricted endowment	70	%							
C	The percentages on lines 2a, 2b, and 2c sho	uld oqual 100%	_							
20	Are there endowment funds not in the posse	-		on that are hold	and administor	od for the	organiza	otion		
Ja	by:		ganizati				organiza			es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza								3b	<u> </u>
4	Describe in Part XIII the intended uses of the				• • • • • • • • • • • • • • • • • • • •					
Par	t VI Land, Buildings, and Equipm		011010111							
	Complete if the organization answere	d "Yes" on For	m 990,	Part IV, line 11a.	See Form 990	, Part X, li	ne 10.			
	Description of property		st or oth		st or other		cumulate	ed	(d) Book	value
		basis (ir	nvestme	• • •	s (other)	dep	reciation			
1a	Land			1	25,739.				125	,739.
	Buildings				63,599.	1	05,4	53.	3,058	
	Leasehold improvements				21,500.		2,2			,230.
	Equipment			2	09,672.		54,3			,341.
	Other			1	25,221.		44,28			,939.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990	Part X,	column (B), line	10c.)				3,439	,395.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(9)

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

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

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018 WELCOME HOME , INC .				1372690 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With F	Revenue per Re	eturn.	
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statement	s		1	1,686,789.
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	27,420.		
e Add lines 2a through 2d			2e	27,420.
3 Subtract line 2e from line 1			3	1,659,369.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
				1 (E O) (O
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. lir</i> Part XII Reconciliation of Expenses per Audited Financia	<u>l Statements With</u>	Expenses per l	5 Returr	1,659,369. n.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part	I Statements With IV, line 12a.	Expenses per l	Return	1.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements	I Statements With IV, line 12a.	Expenses per l		
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	I Statements With IV, line 12a.	Expenses per l	Return	1.
 Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	I Statements With IV, line 12a. 2a	Expenses per l	Return	1.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	I Statements With IV, line 12a. 2a 2b	Expenses per l	Return	1.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	I Statements With IV, line 12a. 2a 2b 2c	Expenses per I		1.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	I Statements With IV, line 12a. 2a 2b 2c 2c 2d	Expenses per I		n. <u>1,631,758.</u>
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	I Statements With IV, line 12a. 2a 2b 2c 2d	Expenses per I	1 2e	n. <u>1,631,758.</u>
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	I Statements With IV, line 12a. 2a 2b 2c 2d	Expenses per I		1.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	I Statements With IV, line 12a. 2a 2b 2c 2d	Expenses per I	1 2e	n. <u>1,631,758.</u>
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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	I Statements With IV, line 12a. 2a 2b 2c 2d 2d	Expenses per I	1 2e	n. <u>1,631,758.</u>
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.)	I Statements With IV, line 12a. 2a 2b 2c 2d 2d 2d 4a 4b	Expenses per I	1 2e 3	n. <u>1,631,758.</u>
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b	I Statements With IV, line 12a. 2a 2b 2c 2d 2d 2d	Expenses per I	1 2e 3 4c	n. <u>1,631,758.</u> <u>27,420.</u> <u>1,604,338.</u> 0.
Part XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.)	I Statements With IV, line 12a. 2a 2b 2c 2d 2d 2d	Expenses per I	1 2e 3	n. <u>1,631,758.</u>

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 - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES (NETTED ON 990)

27,420.

27,420.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES (NETTED ON 990)

WELCOME HOME, INC.

3	Subtract line 2e from line 1			3	1,659,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	1,659,369
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ts W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,631,758
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	27,420.		
е	Add lines 2a through 2d			2e	27,420
3	Subtract line 2e from line 1			3	1,604,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,604,338
Pa	rt XIII Supplemental Information.				
rov	ide 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	· Dart	V line 2: Part VI

SCHEDULE G	Suppleme	ntal Infor	mation Regarding	g Func	Iraisi	ng or Gaming A	ctiviti	ies	OMB No. 1545-0047
(Form 990 or 990-EZ)		the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018
Department of the Treasury			Attach to Form 99						Open to Public
Internal Revenue Service Name of the organization		to www.irs	.gov/Form990 for inst	ruction	s and	the latest informati			Inspection ntification number
Name of the organization	WELCOME	HOME	TNC					13–1372	
Part I Fundrais			f the organization answ	ered "Y	es" or	Form 990 Part IV I			
	complete this part		The organization anow		00 01	i i oni 000, i ar iv, i			
1 Indicate whether the	e organization rais	ed funds thr	ough any of the followi	ng activ	vities. (Check all that apply.			
a 📃 Mail solicitat	ions					overnment grants			
—	email solicitations					nment grants			
c Phone solicit			g 🛄 Specia	al fundra	aising e	events			
d In-person sol 2 a Did the organizatio		r oral agreer	ment with any individua	l (inclue	lina of	ficers directors trus	tees or	r	
Ũ		•	tity in connection with	•	•		1000, 01	Yes	No
			tities (fundraisers) purs			•	ne fund	raiser is to be)
compensated at le	ast \$5,000 by the	organizatior	1.						
				(iii)	Did		(v) Ar	mount paid	
(i) Name and address			(ii) Activity	fundi have c or cor	Did aiser ustody	(iv) Gross receipts	tò (or	retained by) ndraiser	(vi) Amount paid to (or retained by)
or entity (fund	iraiser)			or cor contrib	ntrol of utions?	from activity		d in col. (i)	organization
				Yes	No				
				_					
				_					
				-					
Total									
3 List all states in whi	ch the organizatio	n is registere	ed or licensed to solicit	contrib	utions	or has been notified	it is ex	empt from re	gistration
or licensing.									

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			. .	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CASINO NIGHT			col. (c)
e			(event type)	(event type)	(total number)	(-,,
Revenue	1	Gross receipts	46,760.			46,760.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	46,760.			46,760.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				27,420.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			27,420.
_	11	Net income summary. Subtract line 10 from li				19,340.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					

832082 10-03-18

Sch	nedule G (Form 990 or 990-EZ) 2018 WELCOME HOME, INC. 4	3-137	2690	Page 3
			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		-	
40	to administer charitable gaming?	∟	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	1.00	. 1	0/
	a The organization's facility			%
	b An outside facility	13)	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun of gaming revenue retained by the third party ▶ \$ to If "Yes," enter name and address of the third party:	t		
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Yes	🗌 No
P	organization's own exempt activities during the tax year s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Dort IV	inos 0	06 106
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		ines 9,	90, 100,

Part IV Supplemental Information (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990

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

2018	
Open to Public Inspection	

Employer identification number 43 - 1372690

Name of the	organization
-------------	--------------

WELCOME HOME, INC.

Pa	art 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 determ noncash contribution a	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other \dots					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X	169	10,163.	FMV - COST OF	ITEM
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (<u>SUPPLIES/EQUI</u>)	X	135			ITEM
26	Other \blacktriangleright (SPECIAL EVENT)	X	57	9,628.	FMV - COST OF	ITEM
27	Other ► (<u>RENT</u>)	X	1	1,560.		
28	Other ► (REPAIRS & MAI)	X	3	600.	FMV - COST OF	SERVIC
29	Number of Forms 8283 received by the organ	ization during	g the tax year for c	ontributions		
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowledg	gement 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?		30a		x
h	If "Yes," describe the arrangement in Part II.	·····	<u>50a</u>		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
	contributions?		32a		Х
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.				
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form			990)	2018

43-1372690 Page 2

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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 43-1372690

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

WELCOME HOME,

THE TAX RETURN IS REVIEWED BY BOARD AND DEVELOPMENT DIRECTOR PRIOR TO

INC.

FILING.

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

MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE CONFLICTS OR POTENTIAL

CONFLICTS.

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

COMPENSATION INFORMATION IS REVIEWED AND AGREED UPON BY THE BOARD OF

DIRECTORS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST FROM ORGANIZATION.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR.

(Rev. January 2019)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

					a sidentinyii	ig number	
Type or print					Employer identification number (EIN) or		
print	WELCOME HOME, INC.					72690	
File by the due date for filing your	by the date for Number, street, and room or suite no. If a P.O. box, see instructions. So gyour 2120 BUSTNESS LOOP 70 E			Social se	Social security number (SSN)		
	eturn. See nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, MO 65201						
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Applica	tion	Return	Application			Return	
Is For					Code		
Form 99	00 or Form 990-EZ	01 Form 990-T (corporation)			07		
Form 99	90-BL	02	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05 Form 6069			11		
Form 99	00-T (trust other than above) MEGAN SIEVERS	06	Form 8870			12	
Telephone No. ▶ 573-443-8001 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	ms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.			
сB	alance due. Subtract line 3b from line 3a. Include your pa	ur payment with this form, if required, by				_	
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	
Cautior instruct	If you are going to make an electronic funds withdrawal ions.	l (direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)