

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.



Department of the Treasury Internal Revenue Service

AI	or the	2020 calendar year, or tax year beginning JUL 1, 2020 and e	ending J	UN 30, 2021								
B	Check if pplicable	C Name of organization		D Employer identific	cation number							
	Addres	CHARLOTTE FAMILY HOUSING										
	Name Change	Doing business as		58-1599120								
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e E Telephone number								
	Final return/	300 HAWTHORNE LANE, 3RD FLOOR		704-335-5488								
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,960,292.							
	Amend return Applica	Charlotte, NC 20204		H(a) Is this a group re								
	tion pendin	F Name and address of principal officer: FEDRO FEREZ			? Yes X No							
SAME AS C ABOVE H(b) Are all subordinates included?												
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or e: WWW.CHARLOTTEFAMILYHOUSING.ORG	or 527	1 '	list. See instructions							
		organization: X Corporation Trust Association Other	L Voor	H(c) Group exemption of formation: 1985								
	art I	Summary			State of legal domicile: NC							
•••		Briefly describe the organization's mission or most significant activities: EMPOWER		S EXPERIENCING								
e		HOMELESSNESS TO ACHIEVE LONG-TERM SELF-SUFFICIENCY THROUGH SH										
Governance	2	Check this box	than 25% of its net ass	ets								
veri	3	-		3	13							
ĝ	4	Number of independent voting members of the governing body (rart Vi, into Ta)			13							
യ് ഗ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			46							
Activities &		Total number of volunteers (estimate if necessary)			68							
cti∕		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
				Prior Year	Current Year							
đ	8	Contributions and grants (Part VIII, line 1h)		3,543,017.	3,838,893.							
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,373.	6,223.							
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,221.	28,642.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,552,611.	3,873,758.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		896,865.	1,118,794.							
		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) \dots		1,847,246.	2,038,840.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 324,8		5 22,402	<u> </u>							
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		733,403.	696,440.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,477,514. 75,097.	3,854,074.							
		Revenue less expenses. Subtract line 18 from line 12			19,684.							
ts ol				ginning of Current Year 4 , 112 , 017 .	End of Year 4,223,277.							
Net Assets or	20	Total assets (Part X, line 16)	·····	4,112,017.	4,223,277. 408,513.							
let ∕	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,437,737.	3,814,764.							
	22 art II	Signature Block		5, = 57, 757 •	5,014,704.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and helief it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi										
	,											

Sign Here	Signature of officer PEDRO PEREZ, EXECUTIVE DIRECTOR Type or print name and title		Da	ite
Paid	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN	Date 11/02/21	Check PTIN if self-employed P01506766
Preparer	Firm's name CLIFTONLARSONALLEN LLP		Fir	m's EIN 🕨 41–0746749
Use Only	Firm's address 🕒 227 WEST TRADE STREET, S	SUITE 800		
	CHARLOTTE, NC 28202	none no.704-998-5200		
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
				- 000 (*****

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2020)

Check if Schedule O contains a response or note to any line in this Part III fly describe the organization's mission: MISSION OF CHARLOTTE FAMILY HOUSING IS TO EMPOWER HOMELESS ILLES TO ACHIEVE LONG-TERM SELF-SUFFICIENCY THROUGH SHELTER, SING, SUPPORT SERVICES AND ADVOCACY. the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-E2? es," describe these new services on Schedule O. the organization's program service accomplishments for each of its three largest program services? es," describe these changes on Schedule O. cribe the organization's program service accomplishments for each of its three largest program services; a: tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth nue, if any, for each program service reported. ex) (Expenses \$	Yes X No Yes X No Yes X No s measured by expenses. ers, the total expenses, and
MISSION OF CHARLOTTE FAMILY HOUSING IS TO EMPOWER HOMELESS ILLES TO ACHIEVE LONG-TERM SELF-SUFFICIENCY THROUGH SHELTER, SING, SUPPORT SERVICES AND ADVOCACY. the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ? es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program services? es," describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services? es," describe these changes on Schedule O. cribe the organization's program service accomplishments for each of its three largest program services? es," describe these changes on Schedule O. cribe the organization's program service reported. ex	S measured by expenses. ers, the total expenses, and
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	enue \$
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e:) (Expenses \$) (Rev	enue \$
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	er program services (Describe on Schedule O.) inses \$ including grants of \$) (Revenue \$

Form	990	(2020)

Form 990 (2020) CHARLOTTE FAMILY HOUSING

Fai	LIV	Checklist of Required Schedules			
				Yes	No
1		organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•		s," complete Schedule A	1 2	X X	
2 3		organization required to complete <i>Schedule B, Schedule of Contributors</i> ?			
3		coffice? If "Yes," complete Schedule C, Part I	3		х
4		on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•		g the tax year? If "Yes," complete Schedule C, Part II	4		х
5		organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	simila	r amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6		ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provid	de advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7		ne organization receive or hold a conservation easement, including easements to preserve open space,			
_		nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9		dule D, Part III ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9		ints not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		s, " complete Schedule D, Part IV	9	х	
10		e organization, directly or through a related organization, hold assets in donor-restricted endowments			
		quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as ap	plicable.			
а	Did th	ne organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
		//	11a	X	
b		ne organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
		s reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С		ne organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь		s reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
u		K, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е		ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f		e organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the or	rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did th	ne organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Scheo	dule D, Parts XI and XII	12a	Х	<u> </u>
b	Was t	he organization included in consolidated, independent audited financial statements for the tax year?			
46		s," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14а ь		ne organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
U		tment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		re? If "Yes," complete Schedule F, Parts I and IV	14b		х
15		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
		n organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16		ne 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		ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		nn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18		ne organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ŧ	
10		d 8a? If "Yes," complete Schedule G, Part II	18	X	
19		ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20a		lete Schedule G, Part III	19 20a		X
		s" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21		e organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		stic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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CHARLOTTE FAMILY HOUSING

Pa	t IV Checklist of Required Schedules (continued)			<u>ug</u> e
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
~~		22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
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	0.4		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 78			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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Page 4 58-1599120

Form	<u>990 (</u> 2020) CHARLOTTE FAMILY HOUSING 58-159912	0	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 46										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	a 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 on Schedule O	3a 3b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
04	any contributions that were not tax deductible as charitable contributions?	6a		x							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
~	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x							
		7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
Ŭ	to file Form 8282?	7c		x							
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h									
8											
Ŭ	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									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
	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	1									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
	Gross income from other sources (Do not net amounts due or paid to other sources against	1									
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1									
	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										
c	Enter the amount of reserves on hand	1									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>							
	excess parachute payment(s) during the year?	15		x							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	le the experiencies on advectional institution aubient to the parties 1069 avaies tay on not investment income?	16		x							
.5	If "Yes," complete Form 4720, Schedule O.										
		-	000	(0000)							

Form **990** (2020)

032005 12-23-20

		8-1599120		Р	age 6
a	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,		o" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction	S.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
)	tion A. Governing Body and Management				
				Yes	No
a	Enter the number of voting members of the governing body at the end of the tax year 1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	13			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
	Did the organization have members or stockholders?		6		X
а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	····· [-	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
5	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		Ba	X	
b	Each committee with authority to act on behalf of the governing body?		Bb	X	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
eC	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
а	Did the organization have local chapters, branches, or affiliates?	1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·····	0b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	1a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	1	2c	Х	
3	Did the organization have a written whistleblower policy?		13	X	
ŀ	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		5a	Х	
b	Other officers or key employees of the organization	1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
à	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		6b		
eC	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	n 501(c)(3)s o	nly)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website I Upon request Other (explain on Schedule O				
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and fi	nano	cial	
	statements available to the public during the tax year.				
)	State the name, address, and telephone number of the person who possesses the organization's books and records	▶			
,	SHARED SERVICES - 704-943-9633				
	601 E 5TH ST, CHARLOTTE, NC 28202			990	

Form 990 (2	2020) CHARLOTTE FAMILY HOUSING	58-1599120	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the organizatior	n's tax year.						
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of comper	nsation.						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position o not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box, un		box, unless person is bo			n an	compensation	compensation	amount of
	week		officer and a director/truste		tee)	from	from related	other		
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		voldu	t con	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PEDRO PEREZ	40.00				-					
EXECUTIVE DIRECTOR				х				130,095.	0.	835.
(2) DOUG HULSE	2.00									
BOARD CHAIR		Х		х				0.	0.	0.
(3) ERIC MOODY	1.00									
FINANCE COMMITTEE CHAIR		Х		х				٥.	Ο.	0.
(4) PAUL BAALMAN	1.00									
STRATEGIC COMMITTEE CHAIR		X		х			ľ	0.	0.	0.
(5) PAUL FINNEN	1.00									
INTERIM VICE-BOARD CHAIR		х		x				0.	0.	0.
(6) CHRIS TURNER	1.00									
DEVELOPMENT COMMITTEE CHAIR		Х		х				٥.	٥.	0.
(7) LAMONT SIMMONS	1.00									
SECRETARY		Х		х				0.	0.	0.
(8) BETH BELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DAN COTTINGHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JESSICA KERR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JOSE COSTA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GARY DAVIES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) TRICIA WILSON MAGEE	1.00									
BOARD MEMBER		Х						٥.	٥.	0.
										Form 990 (2020)

032007 12-23-20

7

	990 (2020) CHARLOTTE FAM	ILY HOUSIN	G							58-15	9912	0	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
ho			Average Position Reportable Repo ours per do not check more than one box, unless person is both an officer and a diract/function compensation compe							(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Subtotal	L							130,095.		٥.			835.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 130,095.		0. 0.			0. 835.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
2	Did the exercise list on the man officer	director truct			muni			hia	hast componented own		I		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>											3		х
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a					-			-			-		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J to	or sl	ich <u>p</u>	perso	on .					5		Λ
1	Complete this table for your five highest cor	-									ensat	ion fro	om	
	the organization. Report compensation for t (A)	ne calendar ye	ear e	nair	ig wi	ith C	or wi	<u>tnin</u>	(B)	ear.		(0)	
	Name and business	address	NOI	NE					Description of s	ervices	С	ompe		n
2	Total number of independent contractors (ir		nt lin	niter	t to t	thoe	e lie	ted	above) who received mo	ore than				
<u> </u>	\$100,000 of compensation from the organiz	•)							

032008 12-23-20

ar	t VII								
		Check if Schedule O	contains a	response	or note to any line	e in this Part VIII			[
						(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
'n	1 a	Federated campaigns		1a	180,000.				
		Membership dues		1b					
		Fundraising events		1c	176,284.				
		Related organizations		1d					
		Government grants (contr		1e	1,012,706.				
ō	f	All other contributions, gifts,	grants, and						
Ð		similar amounts not included	above	1f	2,469,903.				
ס	g	Noncash contributions included in	lines 1a-1f	1g \$	91,903.				
0	h	Total. Add lines 1a-1f				3,838,893.			
					Business Code				
	2 a								
Ð	b								
lle	С								
nev L	d								
nevenue	e								
		All other program service							
	<u>g</u> 3	Total. Add lines 2a-2f							
	3	other similar amounts)	-			1,899.			1,8
	4	Income from investment of				_,			_,-
	5	Royalties			· · ·				
	Ŭ) Real	(ii) Personal				
	6 a	Gross rents	6a	25,962.					
		Less: rental expenses	6b	0.					
		Rental income or (loss)	6c	25,962.					
	d	Net rental income or (loss)			25,962.			25,9
	7 a	Gross amount from sales of	(i) S	ecurities	(ii) Other				
		assets other than inventory	7a	86,037.					
	b	Less: cost or other basis							
		and sales expenses		81,713.					
	С	Gain or (loss)	7c	4,324.					
		Net gain or (loss)			····· •	4,324.			4,3
	8 a	Gross income from fundraisi							
		including \$							
		contributions reported on			0.				
	Ь	Part IV, line 18 Less: direct expenses		8a 8b					
		Net income or (loss) from			▶	-4,821.			-4,8
		Gross income from gamin				, -			,
	U U	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from			>				
		Gross sales of inventory, I							
		and allowances			a				
	b	Less: cost of goods sold							
	с	Net income or (loss) from	sales of inv	entory	►				
					Business Code				
Ð	11 a	MISCELLANEOUS REVEN	UE		900099	7,501.			7,5
enu	b								
Hevenue	С								
٦		All other revenue				7 5 4			
		Total. Add lines 11a-11d				7,501.			24.0
	12	Total revenue. See instruction	ons		🕨	3,873,758.	0.	٥.	34,8

CHARLOTTE FAMILY HOUSING

58-1599120 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,118,794 1,118,794 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 132,470, 79,482. 26,494. 26,494. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,556,635. 1,287,284. 82,213 187,138. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,150 5,913 378 859. 212,731 175,921 11,235 25,575. Other employee benefits 9 129,854 107,385. 6,858 15,611. 10 Payroll taxes 11 Fees for services (nonemployees): 200,131 259,762 15,562 44,069. Management а b Legal _____ Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch O.) 4,142. 4.142. Advertising and promotion 12 143,740. 3,008. 114,484. 26,248 13 Office expenses 14 Information technology 15 Royalties 5,920 107,212. 92,318. 8,974. 16 Occupancy 2,881 2,881, Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,750. 10,389. 639 Conferences, conventions, and meetings 19 371 371. 20 Interest Payments to affiliates 21 66,954 55,372, 4,604 6,978, 22 Depreciation, depletion, and amortization 18,128, 14,772. 1,349 2,007. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) OTHER PROGRAM EXPENSES 75,604. 75,604 а 5,460 COUNSELING SUPERVISION 5,460 b MISCELLANEOUS 1,797. 1,797 С d All other expenses е 324,855. 3,854,074 3,345,922 183,297 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

032010 12-23-20

Check here

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

2020.05000 CHARLOTTE FAMILY HOUSING 074 - 0771

Form 990 (2020)

10

Form 990 (
Part X	Balance Sheet

CHARLOTTE FAMILY HOUSING

					(A) Beginning of year		(B) End of year
	4	Cook non interest bearing			1,890,840.	-	1,757,602
	1				1,050,040.	1 2	1,757,002
	2	Savings and temporary cash investments			213,625.	3	150,350
		Pledges and grants receivable, net			223,124.	4	150,350
		Accounts receivable, net			225,124.	4	155,44
		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs				5	
	6	controlled entity or family member of any of the	-	(as defined		5	
	0	Loans and other receivables from other disquali				6	
	7	under section 4958(f)(1)), and persons described				7	
Assels	-	Notes and loans receivable, net				8	
	8 9	Inventories for sale or use			29,759.	9	48,40
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	 I I			9	10,10
	IUa	basis. Complete Part VI of Schedule D	100	1,172,466.			
	b		1 1	878,185.	295,299.	10c	294,28
	11	Less: accumulated depreciation		,	1,412,553.	11	1,774,22
	12	Investments - other securities. See Part IV, line -	-,,	12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		36,817.	14	34,97	
	15			10,000.	15	10,00	
	16	Total assets. Add lines 1 through 15 (must equ			4,112,017.	16	4,223,27
		Accounts payable and accrued expenses			154,340.	17	139,02
	18	Grants payable				18	,
	19	Deferred revenue				19	
		Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			159,867.	21	264,67
		Loans and other payables to any current or form			,		,
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
ן ב	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
		Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines					
		of Schedule D	,		360,073.	25	4,80'
	26	Total liabilities. Add lines 17 through 25		[674,280.	26	408,51
		Organizations that follow FASB ASC 958, che	ck here 🕨	X			
D D		and complete lines 27, 28, 32, and 33.					
	27				2,788,196.	27	3,425,92
	28	Net assets with donor restrictions			649,541.	28	388,83
2		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
<u>ן</u> א	29	Capital stock or trust principal, or current funds				29	
3 ;	30	Paid-in or capital surplus, or land, building, or ed				30	
2 :	31	Retained earnings, endowment, accumulated in				31	
- 1	20	Total net assets or fund balances			3,437,737.	32	3,814,76
) :	32						

Form **990** (2020)

032011 12-23-20

Form	990 (2020) CHARLOTTE FAMILY HOUSING	58-159912	0	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	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	3	873,	758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	854,	074.
3	Revenue less expenses. Subtract line 2 from line 1	3		19,	684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	437,	737.
5	Net unrealized gains (losses) on investments	5		357,	343.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	814,	764.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	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?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

Form **990** (2020)

032012 12-23-20

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047	
2020	

Open to Public

	Ins	pect	ion	

Nan	ne of t	he organization							identification number		
			TTE FAMILY HOUS						58-1599120		
	art I	Reason for Public (ee instructions	S.			
The	organi	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
-		section 170(b)(1)(A)(vi). (C						5			
8		A community trust describe		(1)(A)(vi), (Complete Par	t II.)		2				
9	\square	An agricultural research org				ed in conit	inction with a	land-orant	college		
Ũ		or university or a non-land-g									
		university:	grant conege of agric			nanio, ory	, and state of	ine oonege			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunr	ort from c	ontribution	ns membershi	in fees and	d aross receipts from		
10		activities related to its exem	• • • •					-			
		income and unrelated busir									
		See section 509(a)(2). (Con			in busines	sses acqui	red by the org	anization a			
11		An organization organized a		volu to toot for public oo	faty Saa	contion E($\Omega(\alpha)(4)$				
12	\square		-					n out the	nurnance of one or		
12		An organization organized a									
		more publicly supported or							Sheck the box in		
_		lines 12a through 12d that							ali da a		
а		Type I. A supporting orga									
		the supported organization			majority c	of the direc	tors or trustee	es of the su	ipporting		
		organization. You must o	-					<i>.</i>			
b		Type II. A supporting org									
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus									
C		Type III functionally inte	• •					y integrate	d with,		
		its supported organization		-							
C		Type III non-functionally	• •					Ŭ,	.,		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	,	•							
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
<u> </u>		vide the following information			(iv) is the orac	anization listed					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Tota	al										
-		aperwork Reduction Act N	lotice see the Instr	uctions for Form 990 o	990-F7	032021 01-	25-21 Scher	lule A (For	m 990 or 990-E7) 2020		

13

Schedule A (Form 990 or 990-EZ) 2020 CHARLOTTE FAMILY HOUSING

NG

58-1599120 Page **2**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 	3,227,143.	3,094,887.	2,985,846.	3,543,017.	3,838,893.	16,689,786.
 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 	5,227,215			.,,		
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,842.	1,842.	1,842.	1,842.	1,842.	9,210.
4 Total. Add lines 1 through 3	3,228,985.	3,096,729.	2,987,688.	3,544,859.	3,840,735.	16,698,996.
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)						742,908.
6 Public support. Subtract line 5 from line 4.						15,956,088.
Section B. Total Support						
Oalandar	(-) 0010	(1-) 0017	(2)-0010	(1) 0010	(-) 0000	(f) T = t = t

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3,228,985.	3,096,729.	2,987,688.	3,544,859.	3,840,735.	16,698,996.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	24,873.	27,401.	20,177.	25,242.	27,861.	125,554.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				6,595.	7,501.	14,096.
11	Total support. Add lines 7 through 10						16,838,646.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	ohere					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	94.76 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	95.17 %
16 a	1 33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2019. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
k	0 10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	CHARLOTTE	FAMILY	HOUSING
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

58-1599120 Page **3**

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
k	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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3) organ	ization,
_							
	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from						<u>%</u>
19a	a 33 1/3% support tests - 2020. If the						ne 17 is not
	more than 33 1/3%, check this box ar	-					
k	33 1/3% support tests - 2019. If the	-					
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 190, check th			
0320	23 01-25-21		15		Sch	equie A (Form	n 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

16

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Che	ck the box next to the	method that the o	rganization used t	o satisfy the In	ntegral Part Test	during the yea	r (see instructions).
-------	------------------------	-------------------	--------------------	------------------	-------------------	----------------	-----------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supporte	d a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instructions).	
---	--	---------------------------	-------------------------	-------------------------	-----------------	---------------------	---------------------	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations must			
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990-EZ) 2020 CHARLOTTE FAMILY HOUSING

Schedule A (Form	990 or 990-F7)	2020	CHARLOTTE	FAMILY	HOUSING
		2020			

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 CHARLOTTE FAMILY HOUSING	58-1599120	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	

Schedule A (Form 990 or 990-EZ) 2020

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

2020

Employer identification number

Name of th	e organization
------------	----------------

Organization type (chec	k one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

CHARLOTTE FAMILY HOUSING

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

- 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, 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) (2020)

Name of organization

CHARLOTTE FAMILY HOUSING

Employer identification number

58-1599120

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	FOUNDATION FOR THE CAROLINAS 220 N. TRYON STREET CHARLOTTE, NC 28202	\$577,744.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	JIM KEFFER 6900 SHINNECOCK HILL LANE CHARLOTTE, NC 28277	\$375,000.	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	INLIVIAN 400 EAST BOULEVARD CHARLOTTE, NC 28203	\$ <u>295,385.</u>	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
4	UNITED WAY OF CENTRAL CAROLINAS 601 EAST 5TH STREET, SUITE 350 CHARLOTTE, NC 28202	\$286,446.	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
5	CITY OF CHARLOTTE 600 EAST TRADE STREET CHARLOTTE, NC 28202	\$264,989.	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
6	THE MERANCAS FOUNDATION 2820 SELWYN AVENUE, SUITE 836 CHARLOTTE, NC 28209	\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

10531102 131839 074-077992-00

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page 2 Employer identification number

CHARLOTTE FAMILY HOUSING

58-1599120

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
7	THE LEON LEVINE FOUNDATION 6000 FAIRVIEW ROAD, SUITE 1525 CHARLOTTE, NC 28210	\$125,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MECKLENBURG COUNTY 700 NORTH TRYON STREET CHARLOTTE, NC 28202	\$ 116,896.	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
		\$	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
		\$	Person Payroll On 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

2020.05000 CHARLOTTE FAMILY HOUSING 074-0771

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23

rganization	Employer identification number		
E FAMILY HOUSING		58-1599120	
Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	l.	
(b) Description of noncash property given	EIVIVIOR ESTIMATE		
	\$		
(b) Description of noncash property given			
	\$		
(b) Description of noncash property given			
	\$		
(b) Description of noncash property given			
	\$		
(b) Description of noncash property given			
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(b) Description of noncash property given			
	\$		
	(b) Description of noncash property given (c) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	E PANILY HOUSING (c) (c) Description of noncash property given (c) (b) Description of noncash property given (c) (b) Description of noncash property given (c) (c) Description of noncash property given (c) Description of noncash property given (c) (c) Description of noncash property given (c) Description of noncash property	

24

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4**

a) No.	religious, charitable, etc., contrib ne contributor. Complete columns	(a) through (e) and the following lin s, charitable, etc., contributions of \$1,00 al space is needed. (c) Use of gift (c) Use of gift (e) Transfer c	or less for the year. (Enter this info. once.) (d) Descript (d) Descript gift Relationship of transfe	► \$				
a) No. from any on completing Pa Use duplic. a) No. from Part I	religious, charitable, etc., contrib te contributor. Complete columns rt III, enter the total of exclusively religious ate copies of Part III if addition (b) Purpose of gift Transferee's name, address,	(a) through (e) and the following lin s, charitable, etc., contributions of \$1,00 al space is needed. (c) Use of gift (c) Use of gift (e) Transfer c and ZIP + 4	entry. For organizations or less for the year. (Enter this info. once.)	otal more than \$1,000 for the yest of the set of the s				
a) No. from Part I a) No. from a) No. from	rt III, enter the total of exclusively religious ate copies of Part III if addition (b) Purpose of gift Transferee's name, address,	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (e) Transfer c (e) Transfer c (c) Use of gift	or less for the year. (Enter this info. once.) (d) Descript (d) Descript gift Relationship of transfe	tion of how gift is held				
a) No.	ate copies of Part III if addition (b) Purpose of gift Transferee's name, address,	al space is needed. (c) Use of gift (e) Transfer c and ZIP + 4	(d) Descript	tion of how gift is held				
a) No.	Transferee's name, address,	(e) Transfer c	gift Relationship of transfe	eror to transferee				
Part I	Transferee's name, address,	(e) Transfer c	gift Relationship of transfe	eror to transferee				
a) No. from		and ZIP + 4	Relationship of transfe					
a) No.		and ZIP + 4	Relationship of transfe					
a) No.		and ZIP + 4	Relationship of transfe					
a) No. from		and ZIP + 4	Relationship of transfe					
a) No. from		and ZIP + 4	Relationship of transfe					
a) No. from		[
from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
		-						
		(a) Transfer a						
		(e) Transfer o	girt					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
		-						
		(a) Transfer a	-::0					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
a) No. from		I						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held				
		-						
			[
		(e) Transfer o	ynt					
	Transferee's name, address,	and ZIP + 4	Relationship of transfe	eror to transferee				

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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization CHARLOTTE FAMILY HOUSING			Employer identification number 58-1599120
Par		ls or Other Sin	ilar Funde or Ac	
Fai				Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advised f	unde	(b) Funds and other accounts
		(a) Donor advised i		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing th			
~	are the organization's property, subject to the organization's exclusive			
6	Did the organization inform all grantees, donors, and donor advisors in			•
	for charitable purposes and not for the benefit of the donor or donor a			·
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization	n answord "Vos"	on Form 000 Part IV	Yes No
			<u>on Form 990, Fait IV,</u>	
1	Purpose(s) of conservation easements held by the organization (check Preservation of land for public use (for example, recreation or ed		Proponyation of a bioto	ariably important land area
	Protection of natural habitat	· _		prically important land area
	Preservation of open space		reservation of a certi	ified historic structure
0		anystian contributi	on in the form of a ca	nonvetion opportunit on the last
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contributio	on in the form of a co	Held at the End of the Tax Year
_	day of the tax year.			
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic structure inc			2c
a	Number of conservation easements included in (c) acquired after 7/25			
2	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released, ex	xtinguisned, or terr	ninated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation easement is		handling of	
5	Does the organization have a written policy regarding the periodic mo violations, and enforcement of the conservation easements it holds?	0 . 1		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		onforcing conconvatio	
0	Stan and volunteer hours devoted to monitoring, inspecting, handling	for violations, and	entorcing conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	iolations and onfor	aing concervation and	comonto durina the year
'	► \$		cing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of	of continue $170(h)(1)(R)$	(i)
0		-		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easen	aanta in ita ravanuu	and avpanae atatam	
9				
	balance sheet, and include, if applicable, the text of the footnote to th organization's accounting for conservation easements.	le organization s ni	iancial statements the	at describes the
Par	t III Organizations Maintaining Collections of Art, H	istorical Treas	ures. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa			
10	If the organization elected, as permitted under FASB ASC 958, not to		e statement and bala	ance sheet works
iu	of art, historical treasures, or other similar assets held for public exhibit	•		
	service, provide in Part XIII the text of the footnote to its financial state			
b	If the organization elected, as permitted under FASB ASC 958, to rep			a sheet works of
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	(II) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, o			
-	the following amounts required to be reported under FASB ASC 958 r			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for For			Schedule D (Form 990) 202
		m 330.		
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Sche		AMILY HOUSING				58-159		Р	Page 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	ther Sir	nilar Assets	s (conti	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mal	ke signifi	cant use of its	•	,		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						Yes		No	
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		5			,	,			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets	not inclu	ded				
	on Form 990, Part X?						Yes	X	No	
b	If "Yes," explain the arrangement in Part XIII					······ 				
~			io ming table.		Г		Amoun	t		
с	Beginning balance				F	1c	7 1110 111		,867.	
	Additions during the year					1d			,729.	
e	Distributions during the year					1e		,		
f	Ending balance					16 1f		267	,596.	
	Did the organization include an amount on Fe						Yes		 No	
	If "Yes," explain the arrangement in Part XIII.				•			x		
Par										
		(a) Current year	(b) Prior year	(c) Two years ba		hree years back	(e) Fou	r vears	hack	
1a	Beginning of year balance	1,412,553.	1,020,587.	1,062,31		990,896.	(C) 1 00		,846.	
b										
0	Contributions	374,083.	30,279.	41,25		80,051.			,614.	
ں ط				,				,		
d	Grants or scholarships									
е	Other expenditures for facilities	86,037.	550,487.	138,28	29					
	and programs	12,416.	10,960.	7,98		8,649.		8	,394.	
	Administrative expenses	1,774,221.	1,412,553.	,		1,062,316.			,896.	
g	End of year balance				· · ·	1,002,510.		, , ,		
2	Provide the estimated percentage of the curr	73.5735) heid as.						
a	Board designated or quasi-endowment ► Permanent endowment ► 26.4260		_%							
a		%								
с		%								
-	The percentages on lines 2a, 2b, and 2c show									
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	id administered fo	or the ore	ganization			T	
	by:							Yes X	No	
	(i) Unrelated organizations						3a(i)	~	x	
	(ii) Related organizations						3a(ii)		<u> </u> ^	
b	If "Yes" on line 3a(ii), are the related organiza						3b		L	
4 Da	t VI Land, Buildings, and Equipm		wment funds.							
I ai			Deat N/ Kee dde O			10				
	Complete if the organization answered						() =			
	Description of property	(a) Cost or of			(c) Accun		(d) Boo	k valu	ie	
		basis (investm	Dasis	(other)	depreci	alion				
1a	Land					506 442				
b	Buildings			759,223.		526,143.			,080.	
	Leasehold improvements			166,996.		121,688.			,308.	
	Equipment			246,247.		230,354.		15,	,893.	
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>X. column (B), line 1</u>	<u>)c.)</u>		🕨 📘			,281.	
						Schedule	D (Forr	n 990) 2020	

Part VII Investments - Other Securities.

(c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes CAPITAL LEASES 4,807. (2)(3) (4) (5) (6) (7)(8) (9) 4,807. ►

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 CHARLOTTE FAMILY HC				58-1599120	Page 4
Par	rt XI Reconciliation of Revenue per Audite	ed Financial Stateme	nts With R	evenue per Ret	urn.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited fina	ncial statements			1	4,390,243.
2	Amounts included on line 1 but not on Form 990, Part V	/III, line 12:				
а	Net unrealized gains (losses) on investments		2a	357,343.		
b	Donated services and use of facilities			159,142.		
с	Recoveries of prior year grants					
d						
е					2e	516,485.
3	Subtract line 2e from line 1			r i i i i i i i i i i i i i i i i i i i	3	3,873,758.
4	Amounts included on Form 990, Part VIII, line 12, but no					
а	Investment expenses not included on Form 990, Part VI		4a			
b	· · · · · · · · · · · · · · · · · · ·					
	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal For					3,873,758.
Pa	rt XII Reconciliation of Expenses per Audit	ed Financial Stateme	ents With I	Expenses per R		, ,
	Complete if the organization answered "Yes" on			• •		
1	Total expenses and losses per audited financial stateme				1	4,013,216.
2	Amounts included on line 1 but not on Form 990, Part IX					-, -,
2 a		,	2a	159,142.		
	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses			-		
d					0	159,142.
e	•				<u>2e</u>	3,854,074.
3	Subtract line 2e from line 1				3	3,034,074.
4	Amounts included on Form 990, Part IX, line 25, but not					
а	Investment expenses not included on Form 990, Part VI					
b	/		4b			
	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Fc rt XIII Supplemental Information.	orm 990, Part I, line 18.)			5	3,854,074.
	•••					
	ide the descriptions required for Part II, lines 3, 5, and 9; I				Part X, line 2; P	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete t	his part to provide any addi	tional informa	ation.		
PART	C IV, LINE 2B:					
CHAR	RLOTTE FAMILY HOUSING MAINTAINS CLIENT'S FU	JNDS IN AN ESCROW ACC	COUNT			
WHIC	CH CAN BE WITHDRAWN AT ANY POINT DURING THE	E TWO-YEAR PROGRAM.				
PART	FV, LINE 4:					
THE	FOUNDATION FOR THE CAROLINAS (THE "FOUNDAT	TION") HOLDS IN TRUST	י י			
ACCC	DUNTS FOR THE BENEFIT OF THE ORGANIZATION.	THE ORGANIZATION MAY	REQUEST			
ANNU	JAL DISTRIBUTIONS OF ACCUMULATED INCOME FRO	OM THESE ACCOUNTS.				
RECO	MMENDATIONS FOR DISTRIBUTION OF PRINCIPAL,	, AS CONSIDERED NECES	SARY BY			
THE	BOARD OF DIRECTORS OF THE ORGANIZATION MAY	Y BE MADE TO THE FOUN	DATION.			
THE	FOUNDATION HAS COMPLETE DISCRETION AS TO T	THE TIMING AND AMOUNT	S OF			
DIST	TRIBUTIONS FROM THESE FUNDS; HOWEVER, THE H	FOUNDATION HAS NO VAF	RIANCE			

29

032054 12-01-20

Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

POWER TO DISTRIBUTE ANY PORTION OF THESE FUNDS TO ANOTHER NONPROFIT

ENTITY.

PART X, LINE 2:

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND

EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS

NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON

UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES.

GAAP REQUIRE THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT OR EXPENSE FROM

AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON

THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT BELIEVES THE

ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on rganization entered more than \$1	5,000 d	on For	m 990-EZ, line 6a.	r 19,	or if the	2020
Department of the Treasury Internal Revenue Service		► Attach to Form 990 to www.irs.gov/Form990 for instr				on		Open to Public Inspection
Name of the organization				s anu	the latest mormati	011.	Employer id	entification number
		AMILY HOUSING					58-15991	
required to	complete this part					ine 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	-	Ye	
compensated at le		iduals or entities (fundraisers) pursu organization.	ant to	agreer	nents under which tr	ne fur	idraiser is to t	e
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is e	exempt from r	egistration
					_			

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 CHARLOTTE FAMILY HOUSING

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	
				SPERRY GOLF	NONE	(d) Total events
	c		QUAIL HOLLOW	TOURNAMENT		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	170,784.	5,500.		176,284.
æ						
	2	Less: Contributions	170,784.	5,500.		176,284.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
s	5	Noncash prizes				
SUS(6	Rent/facility costs	4,821.			4,821.
ğ	-					
ст Ст	7	Food and beverages				
Direct Expenses						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	4,821.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-4,821.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
s	2	Cash prizes				
pense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
		Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		re any of the organization's gaming licenses re				Yes No
D		Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

<u>S</u> ch	edule G (Form 990 or 990-EZ) 2020 CHARLOTTE FAMILY HOUSING	58-1599120	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	a An outside facility		%
	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
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party \blacktriangleright \$		
Ċ	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <a> \$		
	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?	Yes	No No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0000		Form 990 or 99	0-EZ) 2020
0320	⁸³ 11-25-20 Schedule G (33	. 5111 330 01 33	

I dittiv		continuea)	
_			
			Schedule G (Form 990 or 990-EZ)
032084 04-01-	20		

10531102 131839 074-077992-00

SCHEDU (Form 990			Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department o	of the Treasury		Comp	ete il tile el guillatio	Attach to For				Open to Public
Internal Reve	nue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of t	he organizatio	ON CHARLOTTE FAM:	ILY HOUSING						Employer identification number 58-1599120
Part I	General In	formation on Grants a	nd Assistance						
crite	eria used to a	ation maintain records t ward the grants or assis	tance?						
2 Des Part II		IV the organization's pro							N/ 1/2 - 04 (
Tarth	-	d Other Assistance to I nat received more than \$					anization answered "Y	es" on Form 990, Par	TV, line 21, for any
1 (a)	Name and ad	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	er total numb	er of section 501(c)(3) and er of other organizations	s listed in the line 1	I table					

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

CHARLOTTE FAMILY HOUSING

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT SUBSIDIES FOR HOUSING AND TRANSPORTATION.	680	1,118,794.	0.		
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	
PART I, LINE 2:					
CFH FOLLOWS ALL THE RECORDKEEPING AND REPORTING RE	QUIREMENTS OF	F HUD, THE			
CITY OF CHARLOTTE, MECKLENBURG COUNTY, AND INLIVIA	N (FORMERLY C	CHARLOTTE			
HOUSING AUTHORITY)					

Schedule I (Form 990) 2020

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.

2020 Open to Public Inspection

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

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

of the organization CHARLO

Employer identification number
58-1599120

HARLOTTE	FAMTI.V	HOUSTNG	
.HAKLOIIE	LULUI	HOOSING	

Par	tl Types	s 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 det noncash contribut	•	:s
1	Art - Works of	art						
2		treasures						
3		interests						
4		olications						
5		ousehold goods	Х		27,865.	THRIFT STORE VALU	Е	
6		r vehicles						
7		nes						
8	Intellectual pro							
9	Securities - Pu	blicly traded						
10		osely held stock						
11		rtnership, LLC, or						
12	Securities - Mi							
13		ervation contribution -						
	Historic struct	ures						
14	Qualified cons	ervation contribution - Other						
15	Real estate - R							
16	Real estate - C	ommercial						
17		ther						
18								
19		/						
20		dical supplies	X		22,330.	FMV		
21	Taxidermy							
22		acts						
23		imens						
24		artifacts						
25	Other 🕨	(PROGRAM SUPPL)	X	0	38,458.	FMV		
26	Other 🕨	(SCHOOL SUPPLI)	X	0	3,250.	FMV		
27	Other 🕨	()						
28	Other 🕨							
29	Number of For	ms 8283 received by the organ	ization during	g the tax year for c	ontributions			
	for which the c	organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29			
						, ,	Yes	No
30a		r, did the organization receive t						
	must hold for a	at least three years from the dat	te of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purpos	ses for the entire holding period	l?				30a	X
b	If "Yes," descr	ibe the arrangement in Part II.						
31	Does the orga	nization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the orga	nization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?						32a	X
b	If "Yes," descr							
33		tion didn't report an amount in	column (c) fo	r a type of property	r for which column (a) is cheo	ked,		
	describe in Pa	rt II.						

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

Schedule M (Form 990) 2020

032141 11-23-20

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.

2 11-23-20	Schedule M (Form 990) 202

Page **2**

58-1599120

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 58-1599120

CHARLOTTE FAMILY HOUSING

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

HOUSING, SUPPORT SERVICES AND ADVOCACY.

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

EMPOWERING CHANGE: WE OFFER MATCHED SAVINGS ACCOUNTS, FINANCIAL 3

ASSISTANCE FOR QUALIFIED EMERGENCIES, AND A HOLIDAY STORE WHERE

FAMILIES BUDGET FOR AND PURCHASE GIFTS FOR A PORTION OF THE PRICE IN

ORDER TO PRESERVE DIGNITY AND SELF-ESTEEM, INCREASE PERSONAL

ACCOUNTABILITY, AND DECREASE DEPENDENCY.

CFH SHELTER PHASE: THE ORGANIZATION OFFERS TWO SHELTER SITES: PLAZA

PLACE AND HAWTHORNE PLACE. IN THE SHELTER PHASE. А

SOCIAL WORKER AND HOUSING RESOURCE COORDINATOR WORK CLOSELY WITH

FAMILIES OVER A PERIOD OF 90 DAYS TO REMOVE BARRIERS TO OBTAINING

HOUSING.

PLAZA PLACE IS A FIFTEEN-BEDROOM FACILITY LOCATED ON THE PLAZA AND 1.

PROVIDES SHORT-TERM TRANSITIONAL SHELTER FOR HOMELESS FAMILIES WHILE

PROVIDING COMPREHENSIVE SUPPORT. FAMILIES HAVE THEIR OWN BEDROOM AND

MOST HAVE THEIR OWN BATHROOM (SMALLER FAMILIES MAY SHARE A BATHROOM). A

LARGE LIVING ROOM IS SHARED FOR GROUP MEETINGS AND FOR FAMILY TIME IN

THE EVENINGS. EACH FAMILY HAS ACCESS TO A SMALL REFRIGERATOR AND

CABINETS TO STORE THEIR OWN FOOD AND IS RESPONSIBLE FOR COOKING THEIR

OWN MEALS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CHARLOTTE FAMILY HOUSING	Employer identification number 58-1599120
2. HAWTHORNE PLACE IS A SIX-BEDROOM FACILITY LOCATED INSIDE ST. JOHN'S	
BAPTIST CHURCH AND PROVIDES A SHORT-TERM TRANSITIONAL SHELTER FOR	
HOMELESS FAMILIES WHILE PROVIDING COMPREHENSIVE SUPPORT. ALL FAMILIES	
HAVE THEIR OWN BEDROOM AND MAY SHARE A BATHROOM WITH ANOTHER FAMILY	
"JACK AND JILL" STYLE. MEALS ARE SHARED "FAMILY STYLE" TWO NIGHTS A	
WEEK AND FOR SUNDAY LUNCH. FAMILIES HAVE ACCESS TO THEIR OWN	
REFRIGERATOR/CABINETS TO PREPARE THEIR OWN MEALS THE OTHER NIGHTS OF	
THE WEEK. STAFFING IS PROVIDED BY A COMBINATION OF PAID EMPLOYEES AND	
VOLUNTEERS. DURING THE DAY, FAMILIES CAN GO TO A DAYCENTER AT PLAZA	
PLACE WHERE CHILDREN ARE PICKED UP AND DROPPED OFF FOR SCHOOL.	
DAYCENTER AMENITIES INCLUDE SHOWERS, LAUNDRY FACILITIES, LOCKERS,	
COMPUTERS, TELEPHONE, CABLE, AND AN ADDRESS FOR MAIL PURPOSES.	
CFH HOUSING PHASE: THE ORGANIZATION OFFERS SUBSIDIZED HOUSING TO	
APPROXIMATELY 200 HOMELESS FAMILIES PER YEAR. HOUSING IS PROVIDED VIA	
VACANT	
APARTMENTS ALL AROUND THE COMMUNITY. THE SIZE OF THE APARTMENT AND THE	
RENT RANGE ARE DETERMINED BY ORGANIZATION STAFF, WHILE THE PARTICIPANT	
HAS INPUT INTO THE LOCATION OF THE APARTMENT (AS AVAILABILITY ALLOWS).	
THESE FACTORS ARE DEPENDENT ON FAMILY SIZE AND THE AMOUNT OF INCOME OF	
EACH PARTICIPANT. EACH CLIENT'S PORTION OF THE RENT IS CALCULATED USING	
A CONSISTENT FORMULA, WITH THE ORGANIZATION SUBSIDIZING THE REMAINING	
BALANCE. ONE YEAR OF SOCIAL WORK SERVICES IS PROVIDED TO EACH FAMILY	
WITH THE POTENTIAL FOR A ONE YEAR RENEWAL IF THE FAMILY CONTINUES TO	
MEET	
ELIGIBILITY REQUIREMENTS. ALL FAMILIES IN THE CFH HOUSING PHASE RECEIVE	
THE SUPPORT OF A CLINICAL FAMILY SOCIAL WORKER TO HELP ELIMINATE THEIR	
BARRIERS TO MAINTAINING HOUSING, ESPECIALLY RELATING TO AREAS OF	
FINANCIAL KNOWLEDGE, CHILDREN'S EDUCATION, AND HEALTH AND WELLNESS	
032212 11-20-20 Sch 40	nedule O (Form 990 or 990-EZ) 2020

10531102 131839 074-077992-00

Schedule O (Form 990 or 990-EZ) 2020	Page 2 Employer identification number
Name of the organization CHARLOTTE FAMILY HOUSING	58-1599120
(INCLUDING MENTAL HEALTH AND ADDICTION SUPPORT). FAMILIES WILL ALSO BE	
OFFERED A HOPE TEAM, A GROUP OF 4-6 VOLUNTEERS THAT PROVIDES SUPPORT	
AND ENCOURAGEMENT.	
FORM 990, PART VI, SECTION A, LINE 4:	
DURING THE YEAR, THE ORGANIZATION AMENDED ITS ARTICLES OF INCOPORATION.	
THE FOLLOWING SIGNIFICANT CHANGES ARE SUMMARIZED:	
1. ARTICLE II THE PURPOSE OF THE ORGANIZATION WAS HONED TO INDICATE A	
PARTICULAR FOCUS ON PROVIDING SUPPORT TO HOMELESS, DISTRESSED,	
UNDERPRIVILEGED, MARGINALIZED, LOW-INCOME, AND MODERATE-INCOME RESIDENTS IN	
NORTH CAROLINA TO OBTAIN SUFFICIENT HOUSING.	
2. ARTICLE V BROADENED THE DISSOLUTION CLAUSE TO GIVE THE BOARD OF	
DIRECTORS GREATER DISCRETION IN CHOOSING A 501(C)(3) PUBLIC CHARITY TO	
DISTRIBUTE ASSETS TO IF THE NEED SHOULD ARISE IN THE FUTURE.	
3. ARTICLE VII THE BYLAWS NOW SET THE BOARD MEMBERSHIP, BUT ARTICLE VII	
STATES THAT THE MINIMUM NUMBER OF BOARD MEMBERS SHALL BE THREE (3).	
4. ARTICLE VIII EXPANDS THE INDEMNIFICATION REQUIREMENTS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FINANCE COMMITTEE WILL MEET WITH AUDITORS TO REVIEW RETURN IN DETAIL. THE	
RETURN WILL THEN BE MADE AVAILABLE TO ALL BOARD MEMBERS FOR A WEEK TO	
REVIEW AND ASK QUESTIONS OR RAISE CONCERNS. THE RETURN WILL BE FILED AFTER	
COMPLETION OF THE BOARD REVIEW PERIOD.	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

10531102 131839 074-077992-00

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CHARLOTTE FAMILY HOUSING	Employer identification number 58-1599120
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH BOARD MEMBER AND THE	
EXECUTIVE DIRECTOR AT ORIENTATION AND AGAIN ANNUALLY. THERE IS A FULL	
DISCUSSION OF THE POLICY ANNUALLY, AND EACH BOARD MEMBER, AS WELL AS THE	
EXECUTIVE DIRECTOR, IS ASKED TO SIGN A STATEMENT OF UNDERSTANDING OF THE	
POLICY. THOSE STATEMENTS ARE KEPT ON FILE, AND REFERRED TO ON A PERIODIC	
BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE DIRECTOR - THE FINANCE COMMITTEE REVIEWS COMPARABILITY DATA FOR	
THIS POSITION, AND RECOMMENDS ANY SALARY ADJUSTMENTS. THE RECOMMENDATION OF	
THE FULL FINANCE COMMITTEE IS SHARED WITH THE FULL BOARD OF DIRECTORS.	
OTHER OFFICERS OR KEY EMPLOYEES - SHARED SERVICES PROVIDES COMPARABILITY	
DATA. THE EXECUTIVE DIRECTOR APPROVES ALL PAY INCREASES.	
FORM 990, PART VI, SECTION C, LINE 19:	
CFH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.	

032212 11-20-20