Form 990
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 2020

B Check if applicable: C Name of organization: CENTER OF HELP INC. D Employer identification number: 52-2282782
Address change: Doing business as: 
Name change: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 
Initial return: 
Final return/terminated: City or town, state or province, country, and ZIP or foreign postal code: 
Amended return: 
Application pending: F Name and address of principal officer: 

I Tax-exempt status: 501(c)(3) 501(c) ( ) G Gross receipts: $ 318,284
If "No," attach a list. (see instructions)

J Website: WWW.CENTEROFHELP.ORG H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes X No

K Form of organization: Corporation X Trust Trust Association Other L Year of formation: 1999 M State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities: BUILDING LIVES FOR NEW AMERICANS IS THE CORNERSTONE OF ORGANIZATION AS IT STRIVES TO ASSIST HISPANIC, LATINO AND OTHER IMMIGRANTS IN THEIR JOURNEY TO BECOME CONTRIBUTIVE CITIZENS THROUGH SOCIAL, ECONOMIC AND EDUCATIONAL ASSISTANCE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 9

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 7

6 Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Part II Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 168,034

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 108,544

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 276,578

19 Revenue less expenses. Subtract line 18 from line 12 37,914

Beginning of Current Year End of Year

20 Total assets (Part X, line 16) 57,646 95,560

21 Total liabilities (Part X, line 26) 0

22 Net assets or fund balances. Subtract line 21 from line 20 57,646 95,560

Part III Signature Block

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

Signature of officer

TATIANA KLEIN

TATIANA KLEIN, PRESIDENT

Date

Preparer's signature

Justin Poole CPA

Print/Type preparer's name

Firm's name: Poole Accounting LLC

Use Only

Firm's address: PO Box 6685

Annapolis MD 21401

Firm's EIN: XXXXXXXX

Phone no.: 410-224-8838

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

Form 990 (2019)