

Return of Organization Exempt From Income Tax

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning, 2019, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: CENTER OF HELP INC. D Employer identification number: 52-2282782. E Telephone number: (410) 295-3434. G Gross receipts: \$ 318,284. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.CENTEROFHELP.ORG. K Form of organization: Corporation. L Year of formation: 1999. M State of legal domicile: MD.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... BUILDING LIVES FOR NEW AMERICANS IS THE CORNERSTONE OF ORGANIZATION... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: TATIANA KLEIN, Signature of officer. TATIANA KLEIN, PRESIDENT, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Justin Poole CPA. Preparer's signature: Justin Poole CPA. Date: [blank]. Check self-employed: [blank]. PTIN: XXXXXXXXXXX. Firm's name: Poole Accounting LLC. Firm's address: PO Box 6685, ANNAPOLIS MD 21401. Firm's EIN: [blank]. Phone no.: 410-224-8838.

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