Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public

Inter	mai Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest			Inspection
Α	For the	e 2020 calen	dar year, or tax year beginning ${ m Jul}1$, 2020, and endin	g Ju	n 30	, 20 21
в	Check if	f applicable:	C Name of organization Elizabethtown Community Housing & Outrea	ch Services	D Emplo	oyer identification number
	Address	s change	Doing business as		81-43	381953
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		none number
	Initial re	turn	61 E Washington St 1	L10	(717)	361-0740
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Elizabethtown, PA 17022			receipts \$1,346,592.
	Applicat	tion pending	F Name and address of principal officer:			r subordinates? 🗌 Yes 🛛 No
			Jim Reeb, 61 E. Washington St, Ste 130, Elizabethtown, PA 170			
I	-	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	lf "No," a	ttach a lis	st. See instructions
			lancaster.org	H(c) Group ex		
		organization: 🗙		ation: 2016	M State	of legal domicile: PA
P	art I	Summa				
	1		cribe the organization's mission or most significant activities: ${\tt ECHOSs\ mis}$			
ЭС		prevent	and alleviate poverty and empower stability i	n our neig	hbor	5.
Activities & Governance						
vel	2		box \blacktriangleright if the organization discontinued its operations or disposed		1 1	
ğ	3		voting members of the governing body (Part VI, line 1a)		3	13
s S	4		independent voting members of the governing body (Part VI, line 1b	,	4	13
itie	5		per of individuals employed in calendar year 2020 (Part V, line 2a)		5	16
ctiv	6		per of volunteers (estimate if necessary)		6	800
Ā	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.
		о на н		Prior Year		Current Year
ue	8		ons and grants (Part VIII, line 1h)	1,176,	074.	1,225,338.
Revenue	9	•	ervice revenue (Part VIII, line 2g)			1 000
Be	10		t income (Part VIII, column (A), lines 3, 4, and 7d)		529.	1,226.
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		356.	106,615.
	12 13		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,205,		1,333,179.
	13		d similar amounts paid (Part IX, column (A), lines 1–3)	569,	783.	279,872.
	14		aid to or for members (Part IX, column (A), line 4)	276	102	405 057
ses	16a			376,	403.	485,057.
Expenses	b		al fundraising fees (Part IX, column (A), line 11e)			
Ä	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	138,	667	115,890.
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-		880,819.
	19	-	ess expenses. Subtract line 18 from line 12	1,084, 121,		452,360.
- 8	-			⊥∠⊥, Beginning of Curre		452,300. End of Year
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	491,		928,324.
Asse	20		ties (Part X, line 26)	110,		928,324.
Net	21		or fund balances. Subtract line 21 from line 20	381,		833,916.
	art II		re Block	JOL,	550.	055,910.
		orginatu				

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.

			1	2/08/2021	
Sign	Signature of officer		Da	te	
Here	Richard Keesey, Treasur	er			
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN
Preparer	John Snowden	John Snowden	12/16/202	1 self-employed	P01579091
Use Only		Firn	Firm's EIN ► 23-2713638		
	Firm's address ► PO Box 347, Eli	zabethtown, PA 17022	Pho	one no. (717)3	867-8877
May the IRS	discuss this return with the preparer s	hown above? See instructions			🗙 Yes 🗌 No
					- 000

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	00 (2020)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>×</u>
1	Briefly describe the organization's mission:	
	ECHOSs mission is to mobilize communities to provide services that prevent and alleviate poverty and empower stability in our neighbors.	
	prevent and arreviate poverty and empower stability in our neighbors.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	🗙 Yes 🗌 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	🗌 Yes 🛛 No
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$223,258. including grants of \$) (Revenue \$)	0.)
	ECHOS housing stability programs use interventions to provide	
	long-term supportive services that assist clients in obtaining and	
	maintaining independent housing. ECHOS Properties, Inc exists	
	exclusively within this program's purview to provide housing under	
	case management supervision.	
4b	(Code:) (Expenses \$ 172,199. including grants of \$ 156,600.) (Revenue \$	16 246)
40	ECHOS is the administrator of a United Way grant and distributes	
	the United way funds to partners in the greater Elizabethtown area	
4c	(Code:) (Expenses \$264, 589. including grants of \$) (Revenue \$)	0.)
	ECHOS provides service to and works with families and individuals	
	to formulate goals and the plans to reach those goals in support of	
	working through crisis and bettering their current housing,	
	employment and living situations.	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ 101,033. including grants of \$ 4,563.) (Revenue \$ 127,901.)Total program service expenses ▶ 761,079.	
10	REV 09/08/21 PRO	Form 990 (2020)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
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		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	~	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	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 19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Form **990** (2020)

Earth Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of amployees reported on Form W-3. Transmittal of Wage and Tax Za 16 3b transmits. field for the calendar year and leng with or within the year covered by this ratum? 16 3b transmits. field for the cale argument and may be required to enfine fee instructions) 3a × 3c the sum of lines 1a and 2s is greater than 250, you may be required to enfine fee instructions) 3a × 3c At any time during the calendar year, and the organization have an interest, in or a signature or other authority over, a financial account? In the foreign county ≥ 3a × 3c At any time during the calendar year, and the regine county ≥ See instructions for financial Account (PA. See instructions for time for anothor the foreign county ≥ See instructions for financial Account? Se Sa 3c W state organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with event 5tat adcluble as charthatel contributions of great wore not tax deductible? Se Sa 4 W any time organization have annual gross receipts that are normally greater than \$100,000, and did the organization northy the organization include with event 5tat adcluble as contributions of great contributions are presental benefit contract? To 70 Cregani	Form 99	D (2020)		F	Page 5
Association Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 16 b fail lata to nois reported on line 2a, did the organization file all required fideral employment tax returns? 2b 2b Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a xa 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a xa 1f "vise," enter the name of the foreign country \$k-h as a bank account, or other financial accounts? 3b 3a See instructions for filing requirements for Filor 14A, Report of Foreign Bank and Financial Accounts (FBAR). 5a x 5 Did any taxable party notify the organization file form 886-17? 5a x 6 Does no coganization include with every solicitation an express statement that such contributions or grafs were not tax deductible? 5a x 1f "Yes!" indict any contributions that twee not tax deductible as chartable contributions or grafs were not tax deductible? 5a x 1f "Yes!" indict the organization neality were solicitation an express statement that such contributions or grafs were not tax deductible? 5a x 1f "Yes!" indicit the	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return is the statement tax returns? 16 16 Notes if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				Yes	No
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-life</i> (see instructions)	2a				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a x b If "Yes," has it filed a form 90-17 for his me 3b, provide an explanation on Schedule O 4a 4a 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; PEAR). 4a × 4b If "Yes," effect the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PEAR). 5a × 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? . 5c . 5c Does the organization aparty to a prohibited tax shelt were not tax deductibles accharitable contributions? . . . 6a x ff "Yes," did the organization include with every solicitation an express statement that such contributions or diff were on tax deductible? . <td< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .</th><th>2b</th><th>×</th><th></th></td<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
b If "Yes," has it lied a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0. 3b 4a At any time duing the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account, generative as bank account, securities account, or other financial accounts (FEAR). See instructions for filing requirements to FIGCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). To Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the fact were normalization solicit any contributions that are normally greater than \$100,000, and did the fact were not tax deductible as charitable contributions or gifts were not tax deductible contributions and express statement that such contributions or gifts were not tax deductible? 6a 7 Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible contributions and express provided? 7a 8 If "Yes," indicate the number of Forms 8282 field during the year 7d 7b Did the organization notify the donor of the value of the gross or services provided? 7a 8 If "Yes," indicate the number of Forms 8282 field during the year? 7c 7b Did the organization notify the donor of the value of the gross of angible personal benefit contract? 7b 7b <		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other valuentity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yeas," enter the name of the foreign country > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b Use organization a party to a prohibited tax shelter transaction any time during the tax year? b Did any taxable party notify the organization file Form 8806-T? c Did any taxable party notify the organization file Form 8806-T? c Did any taxable party notify the very solicitation an express statement that such contributions or gifts were not tax deductible as chartable contribution and party for godas and services provided to the payor? c Did the organization necleve a payment in excess of \$75 made party as a contribution and party for godas and services provided to the payor? To c Did the organization calls, exchange, or otherwise dispose of tangible personal perefit orthroit? Te d H'Yees," indicate the number of Forms 8282 field during the year Tz Tz d H'Yees, "indicate the number of Forms 8282 field during the year or ther vehicles, did the organization feelew any function. Te X d H'Yees," indicate the number of Forms 8282 field during the year or ther vehicles, dift the orga	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a × 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 × 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b × 5c ×	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a × 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 × 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b × 5c ×	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for filing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5a × bid any taxable party notify the organization fille Form 8868-17 5a × 6 Cost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neave not tax deductible as charitable contributions? 5a × b If "Yes," did the organization include with every solicitation an express statement that such contributions? 6b 6a × 7 Organizations that may receive adputcible contributions under section 170(c). 10 the organization receive a apyment in excess of 57 made party as a contribution and party for goods and services provided to the payor? 7b 7c × 8 If "Yes," findicat the number of Forms 8282 filed during the year 7d × 7c × 9 Did the organization receive a apy funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X 7g 7t × 9 Did the organization receive a apy funding the year. 7d × 7g 7t × 9 Sponsoring organization make any taxable distributions under section 4966? <th></th> <th>a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th> <th>4a</th> <th></th> <th>×</th>		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction? 5a x b Did any taxable party notify the organization file form 8886-T? 5b x 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nolude with every solicitation an express statement that such contributions? 6a x 7b Torganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a x c Did the organization notify the donor of the value of the goods or services provided? 7a x c Did the organization of Form 8282? Te 7e x d H"Yes," indicate the number of Form 8282 filed during the year Te 7d x f H'Yes," indicate the number of Form 8282 filed during the year Te 7d x f H'Yes," indicate the number of Form 8282 filed during the year? Te X 7e x g Hit do organization receive any function of qualified intellectual property, did the organization file Form 8989 as required? 7f x g Hit do organization neevieve as outribution of a advised funds. 1d 1da	b b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b x c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 5c 5c D Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? 5c 5c If "Yes," idit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a × 7 Organization solicit any contributions that were not tax deductible contributions and party for goods and services provided to the payor? 7c × 0 Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 7d 7d 0 Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 7d 7d 0 Did the organization neelwes any funds, directly or indirectly, no payersmitums on a personal benefit contract? 7d 7d 1 Did the organization receive a contribution of qualified intellectual property, id the organization make any taxable distributions under section 4966? 9a 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b	52		52		~
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 × 1f "Yes," see instructions and file Form 4720, Schedule N. 16 16 16	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $$.	14b		
excess parachute payment(s) during the year? 15 × If "Yes," see instructions and file Form 4720, Schedule N. 6 6	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
If "Yes," see instructions and file Form 4720, Schedule N.			15		×
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×

Form 99	90 (2020)		F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			
1a	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.		Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 13			
2	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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-		10-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	100	~	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	×	
b C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		×	~
13	describe in Schedule O how this was done	12c 13	×	×
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	rest p	olicy,

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Beth DeGoede, 61 E Washington St, Elizabethtown, PA 17022 (717)361-0740

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any					-		from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	stitu	Officer	Key employee	ghe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dual	tion		npl	st co yee	×			related organizations
	organizations below	l trus	al tr		byee	pmp				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
			ð			ated				
(1) Peggy Mcfarland, PHD, LCSW	2.00									
Board Member	0.00	×		×						
(2) Jim Mccurdy	2.00									
Vice Chair	0.00	×		×						
(3) Janice Davis	4.00									
Secretary	0.00	×		×						
(4) Richard Keesey	4.00									
Treasurer	0.00	×		×						
(5) Kevin Dolan, Esq	3.00									
Board Member	0.00	×								
(6) Jennifer Fields	2.00									
Board Member	0.00	×								
(7) Chris Rich, LCSW	6.00]								
Chair	0.00	×								
(8) Mary Auker Endres	2.00]								
Board Member		×								
(9) A.J. Domines	2.00]								
Board Member		×								
(10) Joseph Murphy	2.00									
Board Member		×								
(11) Tracy Miller	2.00									
Board Member		×								
(12) James Harkness	2.00									
Board Member		×								
(13)Briana Anderson		1								
Ex-Officio										
(14)		1								

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emj	plo	yee	s, an	d⊦	lighest Compe	nsated	Employ	yees (d	contin	nued)
	(A) Name and title	(B) Average hours	age box, unless person is t						(D) Reportable compensation	(E Repor comper	table		(F) ted am	ount
		list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	(W-2/109	elated ations	com fro	pensation the ization	and
(15)							-							
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	VII, Sectio					· ·							
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received more	e than \$1	100,000	of		
3	Did the organization list any former of	officer, dire						mpl	loyee, or highes	st compe	ensated		Yes	No
4	employee on line 1a? <i>If "Yes," complete s</i> For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	portal an \$ ⁻	ble (150,	con ,000	npe)? /	nsatic f "Ye	on a s,"	complete Sched	nsation f	rom the			×
5	individual	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organizat					×
Secti	for services rendered to the organization' on B. Independent Contractors	? If "Yes," c	compl	ete	Scł	hedi	ule J f	for s	such person .	<u> </u>		5		×
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	·							(B) Description of serv			(C) Compens		-

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 9		,								Page 9
Part	: VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	espor	ise or note to ar	ny line in this Pa	art VIII		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ស ស	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
ŋ ĥ	с	Fundraising events			1c]			
ifts ır A	d	Related organization	ns .		1d					
i, G nila	е	Government grants	(cont	ributions)	1e	763,540.				
ons Sir	f	All other contribution								
her		and similar amounts no			1f	461,798.	-			
ot Ot	g	Noncash contributio				•				
Con	_ _	lines 1a-1f			1g		1 225 220			
<u> </u>	n	Total. Add lines 1a-	-11.		· ·	Business Code	1,225,338.			
ø	2a					Busiliess Code				
Program Service Revenue	b									
Sei	c									
jram Ser Revenue	d									
ngr B	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f.			🕨				
	3	Investment income								
		other similar amoun					1,226.	1,226.	0.	0.
	4	Income from investr				•				
	5	Royalties	· ·	 (i) Rea		(ii) Personal				
	60	Gross rents	6a			(ii) Personal	-			
	6a b	Gross rents Less: rental expenses					-			
	c	Rental income or (loss)					-			
	d	Net rental income o		s)		►				
	7a	Gross amount from		(i) Securi		(ii) Other				
	14	sales of assets								
		other than inventory	7a							
nue	b	Less: cost or other basis								
/en		and sales expenses .	7b				-			
Be	C	Gain or (loss)	7c							
Other Reve	d	Net gain or (loss)			· ·	🕨				
5 G	8a	Gross income from events (not including								
•		of contributions rej								
		1c). See Part IV, line			8a	120,028.				
	b	Less: direct expens	es .		8b	13,413.				
	с	Net income or (loss)) from	n fundraisin	g eve		106,615.		0.	106,615.
	9a	Gross income f	from	gaming						
		activities. See Part I			9a					
	b	Less: direct expens			9b					
	С	Net income or (loss)			ctivitie	es 🕨				
	10a	Gross sales of in			10-					
	b	returns and allowan Less: cost of goods			10a 10b					
	D C	Net income or (loss)				Dry >				
s			,	. 54,00 01 11		Business Code				
ΰa	11a									
ane	b									
scellaneo Revenue	с									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a				🕨				
	12	Total revenue. See	instr	uctions		<u></u> 🕨	1,333,179.	1,226.	0.	106,615.

Sectic	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	156,600.	156,600.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	123,272.	123,272.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	54,823.	36,000.	13,000.	5,823
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	361,052.	292,763.	62,679.	5,610
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,862.	30,900.	3,470.	492
10	Payroll taxes	34,320.	27,012.	6,389.	919
11	Fees for services (nonemployees):		,		
а	Management				
b					
с		15,117.	12,866.	2,251.	0
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10,979.	8,452.	2,527.	0
13	Office expenses	15,331.	10,726.	4,171.	434
14	Information technology	14,945.	12,447.	2,077.	421
15	Royalties				
16	Occupancy	30,804.	26,659.	4,145.	0
17	Travel	1,496.	521.	975.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,924.	3,531.	393.	0
23	Insurance	8,857.	7,709.	1,148.	0
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 O.)				
a	Telephone	6,373.	5,867.	506.	0
b	Professional Developement	1,073.	853.	220.	0
C L	Shelter Furniture	118.	118.	0.	0
d	Other	3,525.	3,525.	0.	0
e or	All other expenses	3,348.	1,258.	1,954.	136
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	880,819.	761,079.	105,905.	13,835
	from a combined educational campaign and fundraising solicitation. Check here ▶ [] if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

	n 990 (20	,			Page 11
P	art X		+ V		—
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		 (B) End of year
	1	Cash-non-interest-bearing	397,203.	1	757,385.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	78,737.	3	108,383.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
S	7	Notes and loans receivable, net		7	5,744.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 63,678.			
	b	Less: accumulated depreciation 10b 10,237.	15,771.	10c	53,441.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,371.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	491,711.	16	928,324.
	17	Accounts payable and accrued expenses	73,335.	17	0.
	18	Grants payable		18	
	19		36,820.	19	94,408.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	110,155.	26	94,408.
seou		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.		-	
lar	27	Net assets without donor restrictions	381,556.	27	748,896.
Ba	28	Net assets with donor restrictions	551,550.	28	85,020.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ŝts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	381,556.	32	833,916.
Ne	33	Total liabilities and net assets/fund balances	491,711.	33	928,324.

REV 09/08/21 PRO

Form **990** (2020)

Form 9	90 (2020)			I	Page 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,333,	179.
2	Total expenses (must equal Part IX, column (A), line 25)	2		880,	819.
3	Revenue less expenses. Subtract line 2 from line 1	3		452,	360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		381,	556.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		833,	916.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			_	Yes	s No
1	Accounting method used to prepare the Form 990: \Box Cash \square Accrual \Box Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a ×	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis 🛛 Consolidated basis 🗌 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• •	. 2	b	×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	na 🛛		
	separate basis, consolidated basis, or both:				
	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 ov				
	the audit, review, or compilation of its financial statements and selection of an independent account			c	×
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t			
	Single Audit Act and OMB Circular A-133?	• •	. 3	a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits		-	
	REV 09/08/21 PRO		F	orm 99	0 (2020)

SCH	EDUL	E A	4
(Form	990 o	r 99)-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Name	of the	organization

2020
Open to Public Inspection

Name of the organization	Employer identification number
Elizabethtown Community Housing & Outreach Services	81-4381953
Part I Reason for Public Charity Status. (All organizations must complete this p	part.) See instructions.

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

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- X An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than $33^{1}_{a}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - Provide the following information about the supported organization(s) α

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

Part IISupport 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.)

Secti	on A. Public Support						
Calen	dar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1			1	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the	•			-		
Saati	organization, check this box and stop he on C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6			11 column (f)		14	%
15	Public support percentage from 2019 Sch					15	%
16a	33 ¹ / ₃ % support test-2020. If the organi					3 ¹ /3% or more,	
	box and stop here. The organization qua	lifies as a publ	icly supported	l organization			🕨 🗌
b	33 ¹ / ₃ % support test-2019. If the organi this box and stop here. The organization				,		,
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts	-and-circumst umstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here s as a publicly	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he is as a publicly	re. Explain
18	Private foundation. If the organization instructions	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	, check this bo	

Schedule A (Form 990 or 990-EZ) 2020

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

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

Secti	on A. Public Support			, p.e		,	
	dar 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	(4) 2010	(,	(0) _0.0	(0) = 0 : 0	(0) _0_0	(1) 10101
-	received. (Do not include any "unusual grants.")	63,482.	428,108.	819 783	1 175 545	1 225 338	3,712,256.
2	Gross receipts from admissions, merchandise	05,402.	420,100.	019,703.	1,175,545.	1,223,330.	5,112,250.
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
•	-	(2, 400	400 100	010 000		1 005 000	2 510 056
6	Total. Add lines 1 through 5	63,482.	428,108.	819,783.	1,1/5,545.	1,225,338.	3,712,256.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
_							
b	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						
	-						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						3,712,256.
-	on B. Total Support	() 0010	(1) 0017	() 0010	(1) 0040	() 0000	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	63,482.	428,108.	819,783.	1,175,545.	1,225,338.	3,712,256.
10a							
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•				529.	1,226.	1,755.
b							
	section 511 taxes) from businesses acquired after June 30, 1975						
	-						
	Add lines 10a and 10b				529.	1,226.	1,755.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
	5,						
12	Other income. Do not include gain or						
	loss from the sale of capital assets $(Explain in Part)(1)$						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		100 100	010 705	1 100 000	1 000	
14	First 5 years. If the Form 990 is for the	63,482.					3,714,011.
14	organization, check this box and stop he	0					()()
Sacti	on C. Computation of Public Suppor						🕨 🗙
15	Public support percentage for 2020 (line 8			13 column (fi)		15	%
16	Public support percentage from 2019 Sch						<u> </u>
	on D. Computation of Investment In						,0
17	Investment income percentage for 2020 (ov line 13. colu	umn (f))	17	%
18	Investment income percentage from 2019						<u> </u>
19a	33 ¹ / ₃ % support tests – 2020. If the organ						
	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests-2019. If the organiz	-	-	-		-	
	line 18 is not more than $33^{1/3}$ %, check this l						
20	Private foundation. If the organization di	-	-	-			
	REV 09/08/21 PRO Schedule A (Form 990 or 990-EZ) 2020						

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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and а 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - 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.

Section B. Type I Supporting Organizations

- 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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

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).

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 orga ed organization(s) or (ii) how the organization main 2 3 By reason of the rela have
- a significant voice in income or assets at supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

ning documents in effect on the date of notification, to the extent not previously provided?
anization's officers, directors, or trustees either (i) appointed or elected by the supporter serving on the governing body of a supported organization? <i>If "No," explain in Part VI intained a close and continuous working relationship with the supported organization</i> (s).
ationship described in line 2, above, did the organization's supported organizations han the organization's investment policies and in directing the use of the organization's all times during the tax year? <i>If "Yes," describe in Part VI the role the organization</i> 's

Yes No

2

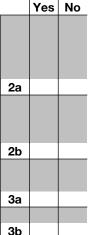
1

3

Yes No

11a

11b



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

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	Oberly temperary reddenen (eee mendedenen).	-		

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

Schedule A (Form 990 or 990-EZ) 2020

	e A (Form 990 or 990-EZ) 2020				Page 1
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued	d)	
Sect	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
	Other distributions (describe in Part VI). See instructions.			6	
<u>7</u> 8	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic	h the organization is rea	nonoivo	7	
• 	(provide details in Part VI). See instructions.	in the organization is res		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	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			_	
<u>i</u>	Carryover from 2015 not applied (see instructions)			_	
]	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2020 from Section D, line 7: \$				
а	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Schedul	e B
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(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

Name of the organization	Employer identification number			
Elizabethtown Comm	unity Housing & Outreach Services	81-4381953		
Organization type (check or	ne):			
Filers of: Section:				
Form 990 or 990-EZ	Form 990 or 990-EZ Sol(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	ation		
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

X 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 331/3% 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

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).

Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Burma Road Assoc		Person 🛛 Payroll
	1435 River Rd Marietta PA 17547		Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	DAS Companies		Person ⊠ Payroll □
	724 Lawn Rd	\$10,000.	Noncash (Complete Part II for
	Palmyra PA 17078		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Sandi Bush		Person X
	5039 Bossler Rd	\$10,000.	Payroll 🗌 Noncash 🗌
	Elizabethtown PA 17022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Crossroads Brethren in Christ		Person 🗵
	800 Donegal Springs Rd	\$8,000.	Payroll 🗌 Noncash
	Mount Joy PA 17552		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DDMP		Person 🛛
	95 Masonic Dr	\$6,900.	Payroll Noncash
	Elizabethtown PA 17022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Susan Mars		Person 🛛
	7988 Georgetown Pike	\$10,385.	Payroll 🗌 Noncash 🗌
	Mc Lean VA 22102		(Complete Part II for noncash contributions.)

Elizabethtown Community Housing & Outreach Services

Name of organization

Page 2

Employer identification number 81-4381953

Name of organization

Employer identification number

81-4381953

Elizabethtown Community Housing & Outreach Services

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2020)			Page 4		
Name of org	ganization			Employer identification number		
	thtown Community Housing &			81-4381953		
Part III	(10) that total more than \$1,000 f	or the year from any ations completing Par the year. (Enter this in	one contributor. t III, enter the tota formation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc., ee instructions.) ► \$		
(a) No.						
From Part I	(b) Purpose of gift	(c) Use (of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transf and ZIP + 4	-	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
_	Transferee's name, address,			nship of transferor to transferee		
				1		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transf and ZIP + 4		nship of transferor to transferee		

SCHEDULE	D
(Form 990)	

Department of the Treasury

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Internal I	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest infor	mation.	Inspection
Name o	f the organization	•		Employ	ver identification number
Eli:	zabethtown	Community Housing & Outre	ach Services	81-43	881953
Par		izations Maintaining Donor Advi			
	•	ete if the organization answered "			
	Compr		(a) Donor advised funds	•	(b) Funds and other accounts
4	Total number	at end of year			
1		-		_	
2		ue of contributions to (during year) .			
3		ue of grants from (during year)			
4	00 0	ue at end of year			
5		ization inform all donors and donor a			
-		organization's property, subject to the			
6		ization inform all grantees, donors, ar			
		able purposes and not for the benefit			
		permissible private benefit?			· · · · L Yes L No
Part		rvation Easements.			
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of	conservation easements held by the o	rganization (check all that apply).		
	Preservation	of land for public use (for example, recrea	ation or education)	of a histo	prically important land area
	Protection	of natural habitat			ified historic structure
		on of open space			
2		s 2a through 2d if the organization hel	d a qualified conservation contribution	on in the	form of a conservation
		he last day of the tax year.			Held at the End of the Tax Year
2					2a
a h				-	2a 2b
b	-	restricted by conservation easements			20 2c
c d		nservation easements on a certified hi			20
u					• • •
•		-			2d
3		nservation easements modified, trans	terred, released, extinguished, or te	rminated	by the organization during the
	tax year ►				
4		tes where property subject to conserv			
5		anization have a written policy reg			
	violations, and	I enforcement of the conservation eas			· · · · 📙 Yes 📙 No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforci	ng conser	vation easements during the year
	•				
7	Amount of exp	enses incurred in monitoring, inspecting	, handling of violations, and enforcing	g conserv	ation easements during the year
	▶\$				
8	Does each cor	nservation easement reported on line 2	(d) above satisfy the requirements of	f section	170(h)(4)(B)(i)
	and section 17	70(h)(4)(B)(ii)?			· · · · D Yes 🗌 No
9	In Part XIII, de	scribe how the organization reports co	onservation easements in its revenue	e and exp	pense statement and
	balance sheet	, and include, if applicable, the text of	the footnote to the organization's fir	nancial st	atements that describes the
	organization's	accounting for conservation easement	nts.		
Part	III Organi	izations Maintaining Collections	of Art. Historical Treasures. or	r Other	Similar Assets.
	-	ete if the organization answered "			
1a		tion elected, as permitted under FAS	· · · ·		ment and balance sheet works
iu		al treasures, or other similar assets			
		le in Part XIII the text of the footnote t			
b	· •	ation elected, as permitted under FAS			
D		reasures, or other similar assets held			
		llowing amounts relating to these item			
	•				
	(I) Revenue in	cluded on Form 990, Part VIII, line 1			. 🕨 \$
_		uded in Form 990, Part X			
2	-	ation received or held works of art,			tor tinancial gain, provide the
	tollowing amo	unts required to be reported under FA	SB ASC 958 relating to these items:		
а		ded on Form 990, Part VIII, line 1 .			
b	Assets include	ed in Form 990, Part X			. ► \$

Schedul	e D (Form 990) 2020							Page 2
Part	III Organizations Maintaining	Collecti	ons of Art, His	torical 1	Freasures,	or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession	, and other reco	rds, chec	k any of the	e follov	wing that make si	gnificant use of its
а	Public exhibition		d	🗌 Loan	or exchange	e prog	ram	
b	Scholarly research		e		-			
С	Preservation for future generations							
4	Provide a description of the organizat XIII.		ections and expl	ain how t	hey further	the org	ganization's exem	pt purpose in Part
5	During the year, did the organization	solicit or	receive donatio	ns of art.	historical tre	easure	s. or other simila	r
	assets to be sold to raise funds rather							🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	naemen	ts.					
	Complete if the organization 990, Part X, line 21.			rm 990, I	Part IV, line	9, or	reported an am	ount on Form
1 a	Is the organization an agent, trustee, included on Form 990, Part X?							t TYes INO
b	If "Yes," explain the arrangement in Pa							
-				showing a			Ar	nount
с	Beginning balance					10		
d	Additions during the year					10		
е	Distributions during the year					16		
f	Ending balance					11	F	
2a	Did the organization include an amour	nt on Form	990, Part X, lin	e 21, for e	escrow or cu	istodia	I account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Ch	eck here if the e	xplanatio	n has been	provid	ed on Part XIII	🛛
Par	V Endowment Funds.							
	Complete if the organization	answere	d "Yes" on Fo	rm 990, I	Part IV, line	910.		
		(a) Curre	nt year (b) Pr	ior year	(c) Two years	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current	year end balan	ce (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	%			-		
b	Permanent endowment	%						
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possess	ion of the organ	ization that	at are held a	and ac	Iministered for the	
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	()							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	-				• •		3b
4	Describe in Part XIII the intended uses		ganization's end	owment f	unds.			
Part			d "Voo" on Fr	m 000 r	Dort IV line	. 1 1 ~	Soo Earm 000	Dart V line 10
	Complete if the organization							
	Description of property	(a)	Cost or other basis (investment)	1.1.1	or other basis other)	• •	Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings	.						
C	Leasehold improvements	·						
d	Equipment		63,678.				10,237.	53,441.
<u>e</u>	Other							
Total.	Add lines 1a through 1e. (Column (d) m	nust equal	Form 990, Part	X, columr	n (B), line 10	с.) .	🕨	53,441.

Schedule D (Form 990) 2020 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (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. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets. Part IX 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.) ► Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► .

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

Schedu	le D (Form 990) 2020				Page 4
Part				Returr	ı.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements	;		1	1,261,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		I		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	1,261,572.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	-			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,261,572.
Part				er Retu	irn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	• •		1	894,232.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.	1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	894,232.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)		5	894,232.
Part	XIII Supplemental Information.				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				

Schedule D (Form 990) 2020							
	Supplemental Information (continued)						

	EDULE G					aising or Gam		OMB No. 1545-0047	
(Forn	n 990 or 990-EZ)	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						
	ment of the Treasury I Revenue Service			tach to Form Fo <i>rm</i> 990 for ii		990-EZ. nd the latest informa	tion.	Open to Public Inspection	
Name	of the organization						Employer identif	ication number	
-		Community Ho	-				81-438195		
Par		sing Activities. 0-EZ filers are r				vered "Yes" on	Form 990, Part IV	, line 17.	
1	Indicate wheth	er the organizatio	on raised funds t	hrough any	of the follo	wing activities. C	Check all that apply.		
а	Mail solicit			e		on of non-govern			
b		d email solicitatio	ns	f		on of governmen			
c	Phone soli			g	Special f	undraising events	S		
d	-	solicitations	top or oral agree	mont with		uel (including off	iaara diraatara trur		
2a							icers, directors, trus fundraising services		
b	If "Yes," list th		individuals or e	ntities (fund			•	he fundraiser is to be	
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total					L				
3						olicit contributior	ns or has been noti	fied it is exempt from	

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.

		5	+ -)			
			(a) Event #1 Fall Annual Celebration	(b) Event #2 Spring Annual Celebration	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
ne						
Revenue	1	Gross receipts	51,254.	34,975.	33,799.	120,028.
ш	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	51,254.	34,975.	33,799.	120,028.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
st Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	5,303.	6,299.	1,811.	13,413.
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		13,413.
	11	Net income summary. Subtra				106,615.
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2		ered "Yes" on Form S	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ó						
<u>ш</u>	1	Gross revenue				
	1 2	Gross revenue				
Direct Expenses F	2	Cash prizes				
	2 3	Cash prizes				
	2 3 4	Cash prizes	□ Yes % □ No	□ Yes% □ No	□ Yes% □ No	
	2 3 4 5	Cash prizes	No	□ No		
	2 3 4 5 6	Cash prizes	No d lines 2 through 5 in c	No	□ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	No No d lines 2 through 5 in c	No	□ No	
6 Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	No No d lines 2 through 5 in c No Subtract line 7 from ling	No No	□ No	
Direct Expenses	2 3 4 5 6 7 8 Er a Is	Cash prizes	No No d lines 2 through 5 in c No Subtract line 7 from line ganization conducts ga broduct gaming activities	No olumn (d) . ne 1, column (d) . ming activities: s in each of these states	□ No	
Direct Expenses	2 3 4 5 6 7 8 Er a Is	Cash prizes	No No d lines 2 through 5 in c No Subtract line 7 from line ganization conducts ga broduct gaming activities	No No	□ No	
Direct Expenses	2 3 4 5 6 7 8 8 Er a Is b If	Cash prizes Noncash prizes	No d lines 2 through 5 in c v. Subtract line 7 from li ganization conducts ga onduct gaming activities	No No	□ No	🗌 Yes 🗌 No
Direct Expenses	2 3 4 5 6 7 8 8 b If 5	Cash prizes	No d lines 2 through 5 in c v. Subtract line 7 from li ganization conducts ga onduct gaming activities	No No	□ No	🗌 Yes 🗌 No

Schedu	ile G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Dowt	spent in the organization's own exempt activities during the tax year ► \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I			Grants and	l Other Assis	tance to Org	ganizations,		OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury				Attach to	o Form 990.			Open to Public Inspection
Internal Revenue Service Name of the organization			GO 10 1	www.irs.gov/Form9	SO TOP THE IALEST III	ormation.	Employ	ver identification number
Elizabethtown	Community	Housing & (Nutreach Serv	rices				4381953
		on Grants and		1000				1301933
the selection cr	iteria used to	award the grants	or assistance?				or the grants or assistan	
						nents. Complete i ated if additional		wered "Yes" on Form 990,
1 (a) Name and address of or government		(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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total num	ber of section	501(c)(3) and go	l vernment organiza	tions listed in the	line 1 table			. ►
	ber of other o	organizations liste	d in the line 1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. REV 09/08/21 PRO

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.						
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1 Rent	and other assistance	750	392,247.				
2							
3							
4							
5							
6							
7 Part IV	Supplemental Information. Provid	o the information r	equired in Part L lin	o 2: Part III. colum	(b): and any other addit	ional information	
Faltiv	Supplemental mormation. Provid			le 2, Fait III, coluini			
		REV 09/08/21 P	RO			Schedule I (Form 990) 2020	

Page **2**

BAA

SCHEDULE M (Form 990)

I

Noncash Contributions

OMB No. 1545-0047

	n 990)	► Complete if the ► Attach to Form	•	ons answered "Yes" on Form	n 990, Part IV, line	es 29 or 30.		20 pen to		
	nent of the Treasury Revenue Service			90 for instructions and the lat	test information.			Inspec		
Name o	of the organization					Employer ic	lentification nu			
			sing & (Outreach Services		81-438	1953			
Part	Types of	f Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Method noncash cor			
1 2 3 4 5 6 7 8 9 10 11	Art—Historical Art—Fractional Books and pub Clothing and he goods Cars and other Boats and plan Intellectual pro Securities—Pu Securities—Pa or trust interest	vehicles								
12 13	Qualified conse contribution-H									
14	Qualified consecutive contribution – C									
15 16 17 18 19 20 21 22 23 24	Real estate – C Real estate – O Collectibles Food inventory Drugs and med Taxidermy Historical artifa Scientific speci	esidential ommercial ther lical supplies cts mens								
25 26 27	Other ► (Other ► ())								
28 29	Other► ()	by the or	ganization during the tax y	/ear for contribu	utions for				
				3, Part V, Donee Acknowled			29		,	
30a	28, that it must	t hold for at least th	nree years	by contribution any prope from the date of the initial	contribution, an	d which isr	n't required		Yes	
-				e holding period?				30a		×
		be the arrangemen		, <u>,</u> , , , ,		,				
31	Does the org contributions?			ptance policy that require		ot any no	onstandard	31		×
32a b		nization hire or use	e third part	ies or related organization	s to solicit, pro			32a		×
u	ii res, uescri									

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	(Form 990) 2020 Page
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.
	or a combination of both. Also complete this part for any additional mormation.

SCHEDULE O (Form 990 or 990-EZ)

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.

2 20 Public On

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization	Go to www.irs.gov/rormsso for the latest information.	Employer identification number
Elizabethtown (Community Housing & Outreach Services	81-4381953
Pt VI, Line 11	o: Organization's process or review Form 990	The
Executive Dired	ctor reviews a draft copy, then it goes to the Board	of Directors
for final revie	ew prior to filing.	
Pt VI, Line 15a	a: Compensation Process for Top Employee	The
Executive Comm	ittee of the Board of Directors reviews the compensat	ion on a annual
basis. They use	e the most current Guidestar Annual Salary Survey as	a benchmark.
Pt VI, Line 19	: Governing Documents Disclosure	The
Governing Docur	ments are made available to the Public by request to	the Executive
Director.		
Pt III, Line 2	ECHOS Properties was formed to help with transition	al housing
and provide hou	using under case management	
Pt III, Line 4d	1:	
Expenses: \$101	,033 including grants of: \$4,563 Revenue: \$127,901	
Description:	Echos operates an overnight emergency homeless	
shelter Decemb	per through March. Shelter clients receive services and	resources to meet their
basic needs an	d promote long-term success. Clients are paired with case w	workers to assist clients
in drawing up	oon natural supports and working through crises.	

Form 8879-E0	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning $Jull$, 2020, and ending i	Jun 30, 20 21	
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information 	n.	2020
Name of exempt organizatio	n or person subject to tax	Taxpayer identificati	ion number
Elizabethtown (community Housing & Outreach Services	81-4381953	
Name and title of officer or p			
Richard Keesey,			
Part I Type of	Return and Return Information (Whole Dollars Only)		
check the box on line blank, then leave line	return for which you are using this Form 8879-EO and enter the applicate 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not e on the applicable line below. Do not complete more than one line in Part	he return being fil nter -0-). But, if y	ed with this form was
1a Form 990 check h	ere b X b Total revenue, if any (Form 990, Part VIII, column (A), line	12)	1b 1,333,179.
2a Form 990-EZ che	ck here ► □ b Total revenue, if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL of			3b
4a Form 990-PF che			4b
5a Form 8868 check			5b
6a Form 990-T checl			6b
7a Form 4720 check			7b
	tion and Signature Authorization of Officer or Person Subject		
	jury, I declare that 🗵 I am an officer of the above organization or 🗌 I am		to tax with respect to
(name of organization)	•		
I consent to allow my to receive from the IR processing the return Agent to initiate an ele software for payment a payment, I must cor (settlement) date. I als confidential information	plete. I further declare that the amount in Part I above is the amount show intermediate service provider, transmitter, or electronic return originator (S (a) an acknowledgement of receipt or reason for rejection of the transmor or refund, and (c) the date of any refund. If applicable, I authorize the U.S ectronic funds withdrawal (direct debit) entry to the financial institution act of the federal taxes owed on this return, and the financial institution to de tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 o authorize the financial institutions involved in the processing of the elect on necessary to answer inquiries and resolve issues related to the paymer (PIN) as my signature for the electronic return and, if applicable, the cons	ERO) to send the hission, (b) the rea S. Treasury and its count indicated in abit the entry to th business days pr ctronic payment o nt. I have selected	return to the IRS and son for any delay in designated Financial the tax preparation is account. To revoke for to the payment f taxes to receive a personal
PIN: check one box of	only		1
I authorize	to enter my PIN		as my signature
	ERO firm name	Enter five numbers, a do not enter all zeros	out
state agency(ies)	020 electronically filed return. If I have indicated within this return that a c regulating charities as part of the IRS Fed/State program, I also authoriz i's disclosure consent screen.		-
electronically file	person subject to tax with respect to the organization, I will enter my PIN d return. If I have indicated within this return that a copy of the return is b es as part of the IRS Fed/State program, I will enter my PIN on the return	eing filed with a s	tate agency(ies)
Signature of officer or perso	n subject to tax 🕨	Date► 12/08/	2021
	ation and Authentication	12,007	
	er your six-digit electronic filing identification		
	d by your five-digit self-selected PIN.	2 4 1 9 9	5 1 2 0 0 1

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature >

Date > 12/16/2021

Do not enter all zeros