Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2018
Open to Public Inspection

<u>A</u>	For the 2018 (alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Employe	r identification number
	Address change	CREDIT BUILDERS ALLIANCE INC			
H	•	Doing business as		20-8	351782
\sqsubseteq	Name change	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telephon	
	Initial return	1701 K STREET NW, STE 1000		202-	730-9390
\Box	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
\vdash	terminated	WASHINGTON DC 20006		G Gross rece	eipts\$ 2,051,343
	Amended return	F Name and address of principal officer:			
	Application pending	DARA DUGUAY INSPECTION H	(a) Is this a grou	p return for si	ubordinates? Yes X No
		Sind Socoii	(b) Are all subo	rdinates incl	uded? Yes No
		(C)PY			(see instructions)
					(,,
<u> </u>	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: ▶ V		(c) Group exem		
K	Form of organization	: X Corporation Trust Association Other ► L Year of	formation: 20	006	M State of legal domicile: VA
	Part I Si	ummary			
<u></u>		escribe the organization's mission or most significant activities:			
•	TO F	ELP ORGANIZATIONS MOVE PEOPLE FROM POVERTY TO PROSPER	ITY THR	OUGH	CREDIT
ဦ	*******				
Governance		DING.			
Je.					
Ó		is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% o	fits net ass		10
∞ ∞	3 Number	of voting members of the governing body (Part VI, line 1a)		. 3	
Se	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
ij	1	mber of individuals employed in calendar year 2018 (Part V, line 2a)		1 1	12
Activities		mber of volunteers (estimate if necessary)		1 - 1	20
۷		related business revenue from Part VIII, column (C), line 12			0
	1			7b	1,123
	b Net unre	lated business taxable income from Form 990-T, line 38	Prior Year		Current Year
e	9 Comtribu	tions and grants (Dort VIII, line 1h)		,480	1,381,997
	8 Contribu	tions and grants (Part VIII, line 1h)		,275	666,161
Revenue	9 Program	service revenue (Part VIII, line 2g)			
ě	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		,420	3,185
LE.	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 Total rev	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,194		2,051,343
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	37	7,971	119,545
	1	paid to or for members (Part IX, column (A), line 4)		ĺ	0
	45 000	other compensation, employee benefits (Part IX, column (A), lines 5–10)	750	,485	902,346
Ses	16 Drofossi	onal fundraising fees (Part IX, column (A), line 11e)			0
ë	Toa Professi				
Expenses	b lotal fur		507	1,070	656,079
ш	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,292		
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,677,970
	19 Revenue	e less expenses. Subtract line 18 from line 12		3,351	373,373
Net Assets or	83	Bet	ginning of Curr		End of Year
sets	20 Total as	sets (Part X, line 16)	1,024		1,478,610
AS	21 Total lial	pilities (Part X, line 26)		1,554	324,983
Ž,	ਰ 22 Net asse	ets or fund balances. Subtract line 21 from line 20	780	,254	1,153,627
		gnature Block			
2000/50	Index penaltics of	perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the be	st of my kr	nowledge and belief, it is
tı	rue correct and	complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge	e.	,
	Tab, correct, and t	omplete. Bodardion of property (editor than emess), to be a second of the property of the prop			
Si	gn 🏴 🗀	Signature of officer		Date	_
He	ere L	DARA DUGUAY EXECUTI	VE DIR	ECTO	3
		Type or print name and title			
	Print/Ty	pe preparer's name Preparer's signature	Date	Check	X if PTIN
Pa	id POBER	T F PREBOLA, CPA	10/01/	/19 self-en	
	narer	MENDALL DEBOLA AND TONES ILC		rm's EIN	46-2108854
	e Only			IIII S EIN F	
US	~ Ciny	PO BOX 259			814-623-1880
	Firm's a		Pi	hone no.	
Ma	w the IRS discu	ss this return with the preparer shown above? (see instructions)			X Yes No

4d Other program services (Describe in Schedule O.)
(Expenses \$ 367,997 including grants of \$ 30,880) (Revenue \$ 230,217)

4e Total program service expenses ▶ 1,291,959

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	Oncokiist of Required Concounts		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	110
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	į
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? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ĺ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ļ
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		X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	l		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			77
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17	 	^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		~
	If "Yes," complete Schedule G, Part III		 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1	<u> </u>
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	21	x	
	demostic government on Part IV, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	Z1		i

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	art IV Checklist of Required Schedules (continued)					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individua	ls on		Γ			110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensate	ed				:	
	employees? If "Yes," complete Schedule J				23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	es 24	b				
	through 24d and complete Schedule K. If "No," go to line 25a				24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
C	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		
25a		s ben	efit				37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	90-EZ	.?		0.F.L		x
	If "Yes," complete Schedule L, Part I				25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a	ıny					
	current or former officers, directors, trustees, key employees, highest compensated employees, or				26		x
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed					
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	cu			27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	 . I					
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	· - ,					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			ľ	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete				-		
	Schedule L, Part IV				28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member the	nereof	· · · · · · · · · · · · · · · · · · ·	,			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		•		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu.	le M			29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed .					
	conservation contributions? If "Yes," complete Schedule M				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N,	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II				32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ulation	ıs				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	11, 111,					
	or IV, and Part V, line 1				34	X	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a	X	
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				35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab				00		v
	related organization? If "Yes," complete Schedule R, Part V, line 2				36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ				37		x
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F				31_		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	ib an	u		38	х	F
ъ	19? Note. All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	-			30		<u></u>
333 5 33	Check if Schedule O contains a response or note to any line in this Part V						
	Officers in Confedence of Containing a responder of flote to any line in this fact v	······		······································	• • • • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22	[
b	Enter the number reported in Box 3 of Form 1030. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
C Cl	Did the organization comply with backup withholding rules for reportable payments to vendors and						
J	reportable gaming (gambling) winnings to prize winners?				1c	X	
-	<u> </u>						

	Otationionto regularing outsi into integral and				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	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 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b	·X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
∓ a	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:		7			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 3				
ou	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
b	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
u	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
Ī	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		***************************************
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	The second secon	1041	?	12a	300000000	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				<u>13a</u>		************
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	l			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				77
14a	Did the organization receive any payments for indoor tanning services during the tax year?				 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N.				!	- V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			(00	Ω /co :=
				Fo	rm ゴゴ	0 (2018)

20-8351782 Page 6 Form 990 (2018) CREDIT BUILDERS ALLIANCE INC Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 18 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ **VT** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >

1701 K STREET NW, STE 1000

DC 20006

202-730-9390

DARA DUGUAY

WASHINGTON

DAA

Form 990 (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(B) Average hours per week	box	x, unle	Pos check ess pe	more rson i	than one s both an r/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JEANNE M HOGARTE	1								
CHAIRMAN	2.00 0.00		r	x			0	0	0
(2) JACK BRUMMEL									
. <u> </u>	2.00								0
VICE CHAIR (3) ANDREW POSNER	0.00			X		\vdash	0	0	U
(3) ANDREW POSNER	2.00								
TREASURER	0.00	1		х			o	. 0	0
(4) MARGARET LIBBY									
• •	2.00								
SECRETARY	0.00			X	ļ		0	0	0
(5) LAURA FISHER									
	2.00							0	. 0
DIRECTOR (6) BETH LIPSON	0.00	X				 	0	0	
(6) BEIR LIPSON	2.00								
DIRECTOR	0.00	X					o	0	0
(7) KRISTIN SCHELL									
	2.00								
DIRECTOR	0.00	X		<u> </u>		<u> </u>	0	0	0
(8) PATRICK WALKER									
DIDEGEOR	2.00	X					o	0	0
DIRECTOR (9) JOYCE KLEIN	0.00	^	-				0	<u> </u>	
(9) BOICE REEIN	2.00								
DIRECTOR	0.00	X					0	0	0
(10) OSWALDO ACOSTA					-				
	2.00					1 -			
DIRECTOR	0.00	X	ļ		<u> </u>		0	0	0
(11) CHRISTOPHER HOBI	2.00								

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bc of	x, unle	Pos check ess pe nd a c	erson directo	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) ERIC ELLMAN	2.00									
DIRECTOR	0.00	X						0	0	0
(13) RONALD WHYTE	2.00	x						0	0	0
(14) CELINA PENA										
DIRECTOR	2.00 0.00	x						o	0	0
(15) LUIS PERALTA	0.00									
DIDECED	2.00	v							0	0
DIRECTOR (16) ANTHONY THOM	0.00 AS	X						0	U	<u> </u>
	2.00									
DIRECTOR (17) CINDY LOGSDON	0.00	X					<u> </u>	0	0	0
	2.00									0
OIRECTOR (18) MICHELLE SIM	0.00 IS - OG	X						0	0	<u> </u>
	2.00						-		•	0
DIRECTOR (19) DONOVAN DUNCA	0.00	X	-					0	0	0
DIRECTOR	2.00	x						0	0	0
1b Sub-total			 ion /				>	304,925		24,406
d Total (add lines 1b and 1c)							<u> </u>	304,925		24,406
Total number of individuals (ir reportable compensation from	cluding but not l	imite	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	<i>complete Sched</i> 2007 of the sum	<i>dule</i> of re	<i>J for</i> porta	suci able	h ind	lividu pens	<i>ial</i> satio	on and other compensation	from the	yes No
organization and related organindividual 5 Did any person listed on line 1										4 X
for services rendered to the or Section B. Independent Contractor		'es,"	com	plete	Sci	hedu	le J	for such person		5 X
Complete this table for your five compensation from the organic	ve highest comp									ear.
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
								· · · · · · · · · · · · · · · · · · ·		
2 Total number of independent								se listed above) who	· · · · · · · · · · · · · · · · · · ·	
received more than \$100,000	ot compensation	tror	n the	org	aniz	ation	<u> </u>		0	Form 990 (2018)

Forr	n 990	(2018) CRE	DIT BUII	DEF	RS AL	LIANCE	INC	20-8351782		Page 9
Pa	πV		nent of Reve		taine a	rocnonco	or note to any line	in this Dart VIII		
*****		Check	ii Scriedule (J (()	ilailis a	response	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
								function revenue	revenue	under sections 512-514
ıts Its	1a	Federated car	npaigns	1a						
irar oun			lues	1b						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising ev		1c						
ar,		Related organ		1d						
is,		Government grants		1e		260,851				
tio S	f	All other contribution								
ᇍ		and similar amounts	not included above	1f		121,146				
dat	_		ns included in lines 1a-	1f:	\$		***************************************			
	<u>h</u>	Total. Add line	es 1a-1f	<u></u>		<u></u>	1,381,997			
nge						Busn. Code	666 161	666 161		
eve	2a	CLIENT	PROGRAM FEES			900099	666,161	666,161	:	
Ce F	b									
ervi	C									
ηS	d									
Program Service Revenue	e		am service reve							
Pr			es 2a-2f				666,161			
			come (including				,	•		
			ilar amounts)				3,185			3,185
	4		nvestment of tax							
	5	Royalties	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u></u>				
			(i) Real		(ii) F	Personal				
	6a	Gross rents								
	b	b Less: rental exps.								
		C Rental inc. or (loss)								
		d Net rental income or (loss)			· · · · · · · · · · · · · · · · · · ·					
		sales of assets	(i) Securities		(11)	Other				
		other than inventory								
	D	Less: cost or other								
	_	basis & sales exps. Gain or (loss)								
			ss)		1					
			om fundraising eve							
ng										
eve			reported on line 1c							
Other Revenue			18		-					
the	b	Less: direct ex	penses	b						
0	С	Net income or	(loss) from fund	Iraising	events .					
	9a		om gaming activitie							
		See Part IV, line	19	a						
			rpenses		<u> </u>					
			(loss) from gam	ning ac	tivities	.				
	10a		f inventory, less							
			lowances				1			
			goods sold		Venter/					
	С	c Net income or (loss) from sales of inventory . Miscellaneous Revenue				Busn, Code				
	11a									
	b									
	c							·		
		All other rever								

2,051,343

666,161

0

e Total. Add lines 11a–11d

12 Total revenue. See instructions.

Form 990 (2018)

Statement of Functional Expenses

	Check if Schedule O contains a respo			(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	119,045	119,045		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	500	500		
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,	225 246	075 407	25 070	25 050
	trustees, and key employees	337,316	275,487	35,970	25,859
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	450 506	262 605	FO 1.CA	36 007
7	Other salaries and wages	452,786	363,625	52,164	36,997
8	Pension plan accruals and contributions (include	40 400	40 500	1 01 11	900
	section 401(k) and 403(b) employer contributions)	12,438	10,522	1,017	899
9	Other employee benefits	38,651	32,701	3,160	2,790 4,604
10	Payroll taxes	61,155	51,336	5,215	4,604
11	Fees for services (non-employees):				
а	Management		4 4 5 0	6 001	
	Legal	7,380	1,179	6,201	
	Accounting	57,140	9,126	48,014	
d	Lobbying				
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			22 24 5	1.00
	(A) amount, list line 11g expenses on Schedule O.)	105,086	71,002	33,917	167
12	Advertising and promotion	3,857	1,423		55
13	Office expenses	30,156	22,555	6,931	670
14	Information technology	53,539	46,222	5,879	1,438
15	Royalties			10.000	F 400
16	Occupancy	105,586	89,264	10,883	5,439
17	Travel	80,822	68,574	11,841	407
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,132	8,132		
20	Interest				
21	Payments to affiliates			26 500	
22	Depreciation, depletion, and amortization	36,589		36,589	400
23	Insurance	10,615	8,551	1,655	409
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	83,707	75,589	8,118	
b	LICENSES AND FEES	37,800	11,547	26,253	
С	BAD DEBT EXPENSE	27,786	25,579	2,207	
d	BOARD EXPENSES	7,263		7,263	
е	All other expenses	621		621	
25	Total functional expenses. Add lines 1 through 24e	1,677,970	1,291,959	306,277	79,734
26	Joint costs. Complete this line only if the				•
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if	~			
	turiaraisina sononadon, Oncor note 🚩 📗 📗	1		i	

Form 990 (2018)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 96,735 153,305 1 Cash—non-interest bearing 1 640,785 883,320 Savings and temporary cash investments 333,844 121,853 3 Pledges and grants receivable, net 31,753 46,643 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 59,572 21,820 Prepaid expenses and deferred charges ______ 10a Land, buildings, and equipment: cost or 159,477 other basis. Complete Part VI of Schedule D 10a 47,669 20,409 139,068 b Less: accumulated depreciation 10b 10c 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 14 Intangible assets 38,087 7,623 15 Other assets. See Part IV, line 11 15 1,478,610 1,024,808 Total assets. Add lines 1 through 15 (must equal line 34) 16 71,412 17 38,206 Accounts payable and accrued expenses 17 18 18 Grants payable 260,218 85,879 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 50,000 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 26,559 37,263 of Schedule D 324,983 244,554 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 664,488 552,913 27 Unrestricted net assets 227,341 489,139 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 780,254 1,153,627 Total net assets or fund balances 1,478,610 1,024,808 Total liabilities and net assets/fund balances

orm	990 (2018) CREDIT BUILDERS ALLIANCE INC 20-8351782			Pa	ige 12
	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	2,0		343
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>970</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>373</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	80,	254
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,1	.53,	627
Рa	rt XII Financial Statements and Reporting				
008000778	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		P 22220000		
зa	the Single Audit Act and OMB Circular A-133?		3a		X
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
a	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		36	,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such addits.		F		(2018

Part VII	Section A. Officers	s, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)	
	(A) a and title	(B) Average hours per week (list any	bo	o not o x, unle	Pos check ess pe	rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
4,				8			ated				
(20) EVE	LYN BURNE!	TT - OG 2.00				,					
DIRECTOR		0.00	X						0	0	0
(21) DAR	A DUGUAY	40.00			x				134,705	0	11,363
	N M HOGAN	III - D	RI	CI		0	F		134,703		22/000
	OPERATIONS	40.00			x				70,064	0	4,125
(23) SAR	AH CHENVE	40.00								-	•
DEPUTY DIE	RECTOR	0.00		-			x		100,156	0	8,918
	· · · · · · · · · · · · · · · · · · ·										4
		-						>	304,925		24,406
	continuation she lines 1b and 1c)							>			
2 Total numi	per of individuals (ir compensation from	ncluding but not I	imite	ed to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No
employee	on line 1a? If "Yes,	" complete Sche	dule	J for	suci	h inc	lividu	ıal	oyee, or highest compensa		3
organizatio <i>individual</i>	on and related orga	nizations greater	thar	n \$15	50,00	00? /	f "Ye	s," c	on and other compensation complete Schedule J for su	ch	4
5 Did any pe for service	rson listed on line of series rendered to the o	1a receive or acc rganization? <i>If "</i> Y	rue	com	oens	atior	fron	n an	y unrelated organization or for such person	individual	5
1 Complete	pendent Contracto this table for your fi	ve highest comp	ensa	ated	inder	end	ent c	conti	ractors that received more	than \$100,000 of	
compensa		ization. Report co (A) d business address	omp	ensa	ition	for t	ne ca	lend	dar year ending with or with	nin the organization's tax you (B) tion of services	ear. (C) Compensation
	Name and	d bùsíness address						,	Descrip	tion of services	Compensation
								<u> </u>			-
				-							
2 Total numl	per of independent nore than \$100,000	contractors (included)	udino	g but	not org	limit aniz	ed to ation	tho	se listed above) who		
DAA											Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUIOOpen to Public

Inspection

Internal Revenue Service

Name of the organization

CREDIT BUILDERS ALLIANCE INC

	ana ana ana ana	outie -						
******	art I	*****		Status (All organizations				ns.
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	heck only	one box.)	
1		A church, co	nvention of churches, or ass	ociation of churches described i	in sectior	170(b)(1)(A)(i).	e .
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ).)		
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(i	ii).	
4	П			d in conjunction with a hospital o				ospital's name,
		city, and state						
5				of a college or university owned	or operate	ed by a go	overnmental unit described in	,
-		•	b)(1)(A)(iv). (Complete Part	·	•	, ,		
6				overnmental unit described in s e	ection 17	0(b)(1)(A)(v).	
7	Н	•		substantial part of its support fro				c
•		_	section 170(b)(1)(A)(vi). (C		J			
8				I 70(b)(1)(A)(vi) . (Complete Part	II.)			
9	П	•		cribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colle	ge
	L			of agriculture (see instructions).				
10	X	An organizat	ion that normally receives: (*	I) more than 33 1/3% of its supp	ort from	contributio	ons, membership fees, and gr	oss
		receipts from	activities related to its exem	npt functions—subject to certain	exception	ns, and (2) no more than 33 1/3% of its	
				nd unrelated business taxable in				
			=	0, 1975. See section 509(a)(2).				
11	Ш			exclusively to test for public safe				
12		An organizati	ion organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	oses (a)
		Of one or mor	re publicly supported organiz	zations described in section 509 nat describes the type of suppor	ting organ	section a	nd complete lines 12e 12f an	(3). nd 12a
	а			erated, supervised, or controlled ver to regularly appoint or elect :				ing
			=	omplete Part IV, Sections A a		or the di	colors of trastees of the	
	b			pervised or controlled in connec		its suppor	ted organization(s), by having	1
	b			ting organization vested in the s				
				Part IV, Sections A and C.	•			
	С	Type III 1	functionally integrated. A sorted organization(s) (see ins	supporting organization operated tructions). You must complete	in conne	ction with Sections	, and functionally integrated w A, D, and E .	vith,
	d	Type III ı	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	on(s)
			• -	e organization generally must sa				ess
			•	nust complete Part IV, Sectior				
	е			eived a written determination fro			s a Type I, Type II, Type III	
	£			n-functionally integrated support	ing organ	ization.		
	f		nber of supported organizati	ne supported organization(s).				
	g				(iv) le the c	rganization	(v) Amount of monetary	(vi) Amount of
(1		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you	r governing	support (see	other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
		- .						
(C)								
(D)								
				·				
(E)								
 Fota	n)							

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (b) 2015 (c) 2016 (e) 2018 Calendar year (or fiscal year beginning in) (a) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2017 (e) 2018 (f) Total (b) 2015 (c) 2016 (a) 2014 Calendar year (or fiscal year beginning in) Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 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.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	769,425	855,043	832,883	630,480	1,381,997	4,469,828
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	196,070	327,474	458,189	561,275	666,161	2,209,169
3	Gross receipts from activities that are not an 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						
6	Total. Add lines 1 through 5	965,495	1,182,517	1,291,072	1,191,755	2,048,158	6,678,997
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				-		· · · · · · · · · · · · · · · · · · ·
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						6,678,997
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	965,495	1,182,517	1,291,072	1,191,755	2,048,158	6,678,997
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	872	1,034	1,570	2,420	3,185	9,081
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	872	1,034	1,570	2,420	3,185	9,081
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	966,367	1,183,551	1,292,642	1,194,175	2,051,343	6,688,078
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re		·			b
Sec	tion C. Computation of Public S						
15	Public support percentage for 2018 (line						99.86%
16	Public support percentage from 2017 Sch				<u></u>		99.86%
<u>Sec</u>	tion D. Computation of Investme			i			
17	Investment income percentage for 2018 (3, column (f))			<u>%</u>
18	Investment income percentage from 2017						%_
19a	33 1/3% support tests—2018. If the organization at most than 33 1/3% shock this had						▶ X
b	17 is not more than 33 1/3%, check this to 33 1/3% support tests—2017. If the organization	-					
20	line 18 is not more than 33 1/3%, check t Private foundation. If the organization d	his box and stop h	ere. The organizat	ion qualifies as a p	ublicly supported	organization	
	-						

Page 4

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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-
		NO-
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3a		
3b		

3c		
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9a 9b 9c		*
9a 9b 9c		*

	LILE A (Form 990 or 990-EZ) 2018 CREDIT BUILDERS ALLIANCE INC 20-835	1782		Page 5
Par	t IV Supporting Organizations (continued)			
		Y	es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a	+	
	A family member of a person described in (a) above?	11b	-+	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	T v	es	No
	The state of the s		es	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	4		***********
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
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,			
0 1	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	T v	es	No
_		1	es	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		*******	
04	the supported organization(s).	1_1		
Seci	ion D. All Type III Supporting Organizations	Tv	es	No
	District the second of the supported associations by the least day of the fifth month of the		<u> </u>	110
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	4	**********	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	4i)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	uons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	4		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions).		
			es	No
2	Activities Test. Answer (a) and (b) below.	T	es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? Provide details in Part VI.

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			ee			
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section 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					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a		,			
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	4					
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	6					
6 Multiply line 5 by .035.	7					
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)	8					
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount			Current Year			
Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 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					
7 Check here if the current year is the organization's first as a non-functionally integral	ted Type III	supporting organization (s	see			
instructions).		· · · · · ·				

Page 7

**************************************	Current Year				
	Section D - Distributions				
	Amounts paid to supported organizations to accomplish exempt purpos				
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
_6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organizations	ition is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	(2)	/ii)	(iii)	
		(i)	(ii)	Distributable	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Amount for 2018	
			Pre-2016	Amount for 2010	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required-explain in Part VI). See				
	instructions. Excess distributions carryover, if any, to 2018				
3	From 2013				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
<u></u>	Carryover from 2013 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
•	Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				
<u>_</u>			Schedule	A (Form 990 or 990-EZ) 2018	

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.)
•	
•	
•	
•	
	<u></u>
•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

CREDIT BUILDERS ALLIANCE INC

Employer identification number

20-8351782

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
`	501(c)(3) taxable private foundation					
Check if your organization is Note: Only a section 501(c)(7 instructions.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Special Rules						
regulations under sec 13, 16a, or 16b, and	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the literary, or educations	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.					
contributor, during the contributions totaled during the year for ar General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the is to this organization because it received nonexclusively religious, charitable, etc., contributions for eduring the year.					
990-EZ, or 990-PF), but it mu	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust 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 o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

CREDIT BUILDERS ALLIANCE INC

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
ʿ (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 196,267	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No. 4	Name, address, and ZIP + 4	Total contributions \$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CREDIT BUILDERS ALLIANCE INC

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 42 ,800	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ 135,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 75,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 75,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 12 ,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CREDIT BUILDERS ALLIANCE INC

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d <u>)</u> Type of contribution
13		\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$ 17,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 15,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 27,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 21,665	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CREDIT BUILDERS ALLIANCE INC

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 12,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 12,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No. 21	Name, address, and ZIP + 4	Total contributions \$ 24,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + 4	\$ 259,851	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CREDIT BUILDERS ALLIANCE INC

Part II	Noncash Property (see instructions). Use duplicate	e copies of Part II if additional s	pace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	10 SOFTWARE USER LICENSES	\$ 26,357	05/24/18
(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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Inspection

Employer identification number Name of the organization CREDIT BUILDERS ALLIANCE INC 20-8351782 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Pa	urt III Organizations Maintaining							(continu	ed)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records, check	any of the fol	lowing that are	a significant us	e of its				
а	Public exhibition	d Loan or	exchange pro	grams						
b	Scholarly research	e Other								
С	Preservation for future generations				-					
4	Provide a description of the organization's co	ollections and explain how the	y further the	organization's	exempt purpose	in Par	t			
5	During the year, did the organization solicit o	r receive donations of art, his	torical treasu	res. or other si	milar					
Ŭ	assets to be sold to raise funds rather than to							Ye	3	No
Pa	art IV Escrow and Custodial Arr									
********	Complete if the organization 990, Part X, line 21.	n answered "Yes" on Fo	rm 990, Pa	art IV, line 9,	or reported a	an am	ount o	n Form		
1a	Is the organization an agent, trustee, custod	ian or other intermediary for o	ontributions o	or other assets	not				_	7
								Ye	š	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following to	ıble:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F							Ye		No
	If "Yes," explain the arrangement in Part XIII	. Check here if the explanatio	n has been p	rovided on Par	t XIII		<u></u>	<u> </u>		L
Pa	irt V Endowment Funds.	1.40.4 11 -	000 D		2					
	Complete if the organization				- 1					
	· .	(a) Current year (b)	Prior year	(c) Two years	s back (d) Th	ree year	s back	(e) Four	years	back
	<u>-</u>									
b	Contributions									
С	Net investment earnings, gains, and						ļ			
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and						ŀ			
	programs									
f	Administrative expenses									
g								L		
2	Provide the estimated percentage of the curr		ı, column (a))	held as:						
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	······ %								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization that	are held and	administered	for the			Г		T
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as required on S	chedule R?					3b		<u></u>
4	Describe in Part XIII the intended uses of the		unds.							
Pa	art VI Land, Buildings, and Equ	ipment.				000	D ()		^	
	Complete if the organization						Part X			
	Description of property	(a) Cost or other basis	(b) Cost or	1	(c) Accumulat			(d) Book	/alue	
		(investment)	(oth	ner)	depreciation	1				
	Land	1					₩			
b	Buildings						_			C 4 4
С	Leasehold improvements	6,012				,36				644
d	Equipment	23,402				,30				097
	Other	130,063			119	, 39	5			668
	I Add lines to through to (Column (d) must	arrial Form OOO Dort V colu	nn (D) lina 1	00.1		h	▶ I	- 2	7 L J	409

Scriedule D (1	onn 990, 2016 CIMBEL BOLLDERS IMPLEI	1102 2110	20 0002702	1 age c
Part VII	Investments—Other Securities.	Farm 000 Part IV/ line	- 44h O F 000 I	Don't V. line 40
	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial of	dorivotivos			
	Id aquity interests			
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	······································			
(H)	······································			
	ı (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	e 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, I	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)	-			
(5)				N. Committee of the com
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form	n 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	621		
(2) DEFER	RED RENT ABATEMENT	14,909		
(3) PAYRO	LL TAX LIABILITIES	11,029		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		·		
	n (b) must equal Form 990. Part X. col. (B) line 25.) ▶	26,559		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pέ	art XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,051,343
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	·		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,051,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	5	2,051,343	
Pi	art XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements			1,677,970
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	<u></u>	
	Prior year adjustments			
	Other losses	1 - 1		
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3				1,677,970
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		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	1,677,970

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CREDIT BUILDERS ALLIANCE AND CBA FUND PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2018 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2018, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2015 THROUGH 2017 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH

Schedule D (Form 990) 2018 CREDIT BUILDERS ALLIANCE INC Part XIII Supplemental Information (continued)	20-8351782	Page (
THE ORGANIZATION FILES TAX RETURNS. IT IS THE	E ORGANIZATION'S POLICY	TO
RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO	O UNCERTAIN TAX POSITION	is, IF
ANY, IN INCOME TAX EXPENSE. AS OF DECEMBER 3:	L, 2018, THE ORGANIZATIO	N HAD
	: 	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public 2018

Inspection

Employer identification number

OMB No. 1545-0047

2 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, PROG SUC TRAINING PROG SVC TRAINING (h) Purpose of grant or assistance X Yes 20-8351782 PROG SVC (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) EMV FMV (e) Amount of noncash assistance 20,000 14,000 9,425 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 42-1079227 | 501C3 43-1769074 501C3 20-8351782 | 501C3 INC General Information on Grants and Assistance (p) EIN CREDIT BUILDERS ALLIANCE Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 1111 9TH STREET, STE 230 S MOINES IA 50314 MO 63106 DC 20006 (a) Name and address of organization 1701 K STREET NW, STE 1000 1023 NORTH GRAND BLVD or government (2) JUSTINE PETERSON ORG (1) IOWA LEGAL AID (3) CBA FUND INC DES MOINES WASHINGTON SI LOUIS Part II Part

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Schedule I (Form 990) (2018)

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

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.

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SUCH AS GETTING CREDENTIALED WITH THE EXPERIAN CREDIT BUREAU, THE START OF ACCORDING TO OUR MEMOS OF UNDERSTANDING WITH THESE ORGANIZATIONS, PARTIAL PAYMENTS ARE ISSUED TO THE RECIPIENTS WHEN SPECIFIC BENCHMARKS ARE MET - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS RENT PAYMENT REPORTING, AND THE START OF THREE AND SIX MONTHS OF noncash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2 Part IV 2 က ည

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	CREDIT BU	JILDEI	RS ALLIANCE	INC	20-83	51782
P	irt I Types of Property					
200000000		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining
4	Art Works of art			Tomi 330, Fait Viii, inic 19		
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household goods					·
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded					
10	Securities — Closely held stock					
11	Securities — Partnership, LLC, or trust interests			·		
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation					
	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles					
19	Food inventory					•
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts	L		06 055		
25	Other ►()	X	1	26,357	FMV	
26	Other ►()					
27	Other ►()					
28	Other ►(<u> </u>				
29	Number of Forms 8283 received by					
	which the organization completed F	orm 8283,	Part IV, Donee Acknowle	edgement	29	Yes No
					4.11	Tes No
30a	During the year, did the organization 28, that it must hold for at least three					
	to be used for exempt purposes for					30a X
b	If "Yes," describe the arrangement in		••••••••			
31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard		
						31 X
32a		ird parties	or related organizations	to solicit, process, or sell n	oncash	
						32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an a	mount in c	olumn (c) for a type of pr	operty for which column (a) is checked,	
	describe in Part II.		···· (-) · · ·	. ,	·	

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.				
• • • • • • • • • • • • • • • • • • •					
•					
	·				
					
,					

SCHEDULE O. (Form 990 or 990-EZ)

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.

provide any additional information.

o Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

CREDIT BUILDERS ALLIANCE INC

Employer identification number

OMB No. 1545-0047

Inspection

20-8351782

FORM 990 - ORGANIZATION'S MISSION
CBA'S MISSION IS TO HELP ORGANIZATIONS MOVE PEOPLE FROM POVERTY TO
PROSPERITY THROUGH CREDIT BUILDING. WE DO THIS BY BUILDING THE CAPACITY OF
OUR NONPROFIT AND MUNICIPAL MEMBERS TO IMPLEMENT STRATEGIES NECESSARY TO
HELP THEIR CLIENTS BUILD CREDIT AND ENTER THE FINANCIAL MAINSTREAM. CBA
FILLS A VOID BY BEING A CONDUIT FOR CREDIT BUILDING ACTIVITIES FOR NON-
TRADITIONAL FINANCIAL SERVICE PROVIDERS. OUR ACTIVITIES FALL ALONG A
CONTINUUM, WHICH ALLOWS CBA TO MEET OUR MEMBERS' NEEDS AT WHEREVER POINT
THEY MAY BE IN THE CREDIT BUILDING PROCESS. IN ADDITION TO OFFERING ONGOING
ACCESS TO ONLINE TOOLS AND RESOURCES, WEBINARS, AND LEARNING PLATFORMS FOR
AND AMONG OUR POWERFUL NETWORK OF ALMOST 500 MEMBER ORGANIZATIONS.
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
CBA TRAINING AND CONSULTING SERVICES
CBA'S SIGNATURE CREDIT AS AN ASSET TRAINING HAS BEEN OFFERED SINCE 2008 TO
OVER 2500 NONPROFIT LENDER PRACTITIONERS, FINANCIAL COACHES AND EDUCATORS,
SOCIAL SERVICE PROVIDERS AND OTHERS WORKING DIRECTLY WITH CONSUMERS AND
ENTREPRENEURS TO PROMOTE FINANCIAL STABILITY AND INCLUSION. THE TRAINING
AIMS TO HELP PARTICIPANTS:
O UNDERSTAND CREDIT BUILDING AS AN ESSENTIAL AND VIABLE ACTIVITY,
FOUNDATIONAL TO THE SUCCESSFUL IMPLEMENTATION OF ANY FINANCIAL ASSET
BUILDING STRATEGY FOR LOW-INCOME AND UNDERSERVED INDIVIDUALS AND FAMILIES;
O EXPLORE MOOTS AND DEVELOR SKILLS IN ORDER TO DESIGN IMPLEMENT. AND

CREDIT BUILDERS ALLIANCE INC

20-8351782

MEASURE CREDIT BUILDING PROGRAMS BASED ON CLIENT NEEDS AND GOALS AS WELL AS ORGANIZATION MISSIONS AND CAPACITIES; AND

O ENGAGE WITH OTHER TRAINING PARTICIPANTS AND LEARN FROM CBA'S GROWING
CREDIT BUILDING COMMUNITY ABOUT BEST PRACTICES IN CREDIT EDUCATION, ACCESS
TO RESPONSIBLE FINANCIAL PRODUCTS, AND MEASURING AND COMMUNICATING CLIENT
CREDIT OUTCOMES.

CBA OFFERS TARGETED CREDIT BUILDING PROGRAM DESIGN, IMPLEMENTATION, AND
MEASUREMENT CONSULTING TO MEMBER AND NONMEMBER NONPROFITS AND PUBLIC
ENTITIES SEEKING TO DEVELOP OR ENHANCE THEIR CREDIT BUILDING EFFORTS BASED
ON THEIR RESPECTIVE CLIENTS' NEEDS AND GOALS AS WELL AS ORGANIZATIONAL
MISSIONS AND CAPACITIES. CBA BRINGS CREDIT BUILDING EXPERTISE, INDUSTRY
CONNECTIONS, AND CREDIBILITY TO ORGANIZATIONS INTERESTED IN INVESTING IN
THEIR CREDIT BUILDING CAPACITY.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
GENERAL KNOWLEDGE SHARING

AS AWARENESS OF THE IMPORTANCE OF CREDIT BUILDING HAS GROWN IN THE FIELD OVER THE LAST DECADE, CBA'S MEMBERSHIP AND ALSO ITS REPUTATION, HAS GROWN EXPONENTIALLY. WHILE CBA'S ROLE REMAINS AS A TECHNICAL SERVICE PROVIDER, IT HAS ALSO EXPANDED TO ENCOMPASS BROADER CREDIT BUILDING SUBJECT MATTER EXPERTISE AND THOUGHT LEADERSHIP. COMBINED WITH DRAMATIC CHANGES IN THE CREDIT INDUSTRY LANDSCAPE AND THE EMERGENCE OF NEW TECHNOLOGY AND TOOLS AVAILABLE TO NONPROFITS (AND ALSO DIRECTLY TO THEIR UNDERSERVED CLIENTS), TWO TRENDS HAVE EMERGED.

THEIR CLIENTS.

Employer identification number 20-8351782

CREDIT BUILDERS ALLIANCE INC

FIRST, A GROWING NUMBER OF COLLEAGUE NONPROFIT NETWORKS THAT UNLIKE OUR
CORE MEMBERSHIP, DO NOT PROVIDE DIRECT SERVICES, ARE ENGAGING WITH THEIR
OWN MEMBERS ON THE SUBJECT OF CREDIT BUILDING. OFTEN THEY TURN TO CBA FOR
GUIDANCE AND RESOURCES (MANY CONTRACTING CBA TO ASSIST WITH SPECIFIC
INITIATIVES THROUGH CBA'S TRAINING AND CONSULTING SERVICE). SECOND, MANY
CBA MEMBERS HAVE BEGUN TO TURN TO CBA FOR ADVICE ON NEW MARKETPLACE
OPPORTUNITIES TO CONNECT THEIR CLIENTS WITH CREDIT BUILDING PRODUCTS AND
STRATEGIES OFFERED BY OTHER NONPROFITS AND FOR PROFITS (PARTICULARLY
FINTECHS). MANY DO NOT KNOW HOW TO SIFT THROUGH THE NOISE TO DETERMINE
WHETHER (AND IF SO WITH WHOM) THEY MIGHT COLLABORATE OR RECOMMEND DIRECTLY

TO AUGMENT THEIR OWN EFFORTS TO MORE EFFECTIVELY AND EFFICIENTLY SERVE

AS A RESULT OF BOTH OF THESE TRENDS, CBA, WHICH HAS ALWAYS PROVIDED A
CERTAIN AMOUNT OF GENERAL KNOWLEDGE SHARING WITH THE FIELD, HAS SEEN THIS
ACTIVITY INCREASE SIGNIFICANTLY. CBA IS NOW INVITED TO ATTEND AND PRESENT
AT MANY MORE FIELD AND INDUSTRY CONFERENCES AND IS MUCH MORE REGULARLY
ASKED TO WEIGH IN ON DIFFERENT POLICY LEVEL ISSUES WITHIN OUR CREDIT
BUILDING WHEELHOUSE. IN 2018 CBA PARTICIPATED IN AND PRESENTED AT OVER TWO
DOZEN CONFERENCES AND OTHER PUBLIC EVENTS. IN ONE INSTANCE WINNING AN AWARD
FROM CONSUMER ACTION FOR CBA'S WORK TO HELP LOW- AND MODERATE-INCOME
HOUSEHOLDS BUILD STRONG CREDIT AND OTHER FINANCIAL ASSETS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

CBA REPORTER IS AN AWARD-WINNING, ONE OF A KIND SERVICE THAT OFFERS

NONPROFIT AND MUNICIPAL LENDERS THE TECHNICAL ASSISTANCE, CONCRETE

SOLUTIONS, AND INTERAGENCY CONNECTIONS THEY NEED TO EFFECTIVELY AND

PAGE 2 OF 6

CREDIT BUILDERS ALLIANCE INC

20-8351782

EFFICIENTLY HELP THEIR LOW- AND MODERATE-INCOME CLIENTS BUILD CREDIT AND LONG-TERM FINANCIAL CAPABILITY BY REPORTING THEIR LOW- AND MODERATE-INCOME BORROWERS' MONTHLY MICROENTERPRISE, SMALL BUSINESS, AND CONSUMER LOAN PAYMENTS TO THE MAJOR CONSUMER CREDIT BUREAUS EXPERIAN, TRANSUNION, AND EQUIFAX. CBA OFFERS A STREAMLINED ON-BOARDING PROCESS FOR GUIDING LENDER MEMBERS THROUGH THE CREDIT BUREAU CREDENTIALING PROCESS IN ORDER TO REPORT THEIR LOANS AND SUPPORTS THE REGULAR TRANSMISSION OF THAT LOAN REPAYMENT DATA. CBA PROVIDES ONGOING AND ON-DEMAND TECHNICAL ASSISTANCE TO MEMBER LENDERS, REVIEWS METRO2 DATA FOR ACCURACY, AND MONITORS THEIR BORROWERS' EOSCAR DISPUTES.

TODAY, CBA REPORTER ENABLES 200 NONPROFIT LENDERS TO REPORT OVER 54,356

TRADE LINES EVERY MONTH, TOTALING \$1.79 BILLION IN CREDIT EXTENDED TO THEIR
RESPECTIVE BORROWERS TO START A BUSINESS, MEET A HOUSEHOLD NEED, AND/OR
SIMPLY BUILD POSITIVE PERSONAL AND BUSINESS CREDIT HISTORY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

1. CBA ACCESS ENABLES NONPROFITS TO PULL AND PURCHASE CREDIT REPORTS AND
CREDIT SCORES FROM THE MAJOR CREDIT BUREAUS TRANSUNION AND EXPERIAN, AND IN
2018 EXPANDED THIS SERVICE TO INCLUDE ACCESS TO REPORTS PRODUCED BY
LEXISNEXIS (FOR ACCESS TO NON-TRADITIONAL AND ALTERNATIVE CREDIT DATA),
NOVA CREDIT (FOR ACCESS TO OVERSEAS CREDIT DATA), AND CHEXSYSTEMS (FOR
THOSE WORKING WITH THE UNBANKED). CBA ACCESS OFFERS QUALIFIED MEMBERS
ACCESS TO THESE REPORTS AT POOLED PRICES IN ORDER TO UNDERWRITE LOANS,
PROVIDE FINANCIAL COUNSELING AND CREDIT COACHING, AND -- WITH SOME
CONTRACTUAL RESTRICTIONS -- TRACK THE CREDIT IMPROVEMENT OUTCOMES OF
CLIENTS. SIMILAR TO CBA REPORTER, CBA IMPLEMENTS A STREAMLINED ON-BOARDING

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CREDIT BUILDERS ALLIANCE INC

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PROCESS TO GUIDE NONPROFITS THROUGH THE CREDIT BUREAU CREDENTIALING PROCESS IN ORDER TO ACCESS THEIR CLIENTS' CONSUMER CREDIT REPORTS. CBA ALSO OFFERS ON-DEMAND TECHNICAL ASSISTANCE AND SUPPORT TO NONPROFITS AROUND GENERAL CREDIT REPORT REVIEWS AND CODES, CREDIT REPORT SCORE INTRICACIES AND OTHER INFORMATION RELEVANT TO MEMBERS AND THEIR CLIENTS AROUND CREDIT REPORTS AND SCORES.

TODAY, CBA ACCESS ENABLES 278 NONPROFITS ENGAGED IN LENDING AND/OR
FINANCIAL EDUCATION TO GET CREDENTIALED TO PULL APPROXIMATELY 8,943 CREDIT
REPORTS FROM TRANSUNION AND EXPERIAN A MONTH. FEWER THAN A DOZEN NONPROFITS
ARE ACCESSING NEW REPORTS OFFERED BY LEXISNEXIS, CHEXSYSTEMS AND NOVA
CREDIT, BUT THIS NUMBER IS EXPECTED TO GROW IN 2019.

2. CBA RESEARCH AND PILOTS

CBA INCUBATES A NUMBER OF EMERGING AND INNOVATIVE CREDIT BUILDING
INITIATIVES THAT ADVANCE ITS THEORY OF CHANGE: BUILDING CREDIT IS PART OF
THE ASSET BUILDING PATHWAY TO IMPROVED FINANCIAL STABILITY AND MISSION
DRIVEN NONPROFITS ARE UNIQUELY POSITIONED TO HELP THE LOW-INCOME HOUSEHOLDS
THEY SERVE BUILD CREDIT AS AN ASSET. IN 2018 IN PARTICULAR, CBA:
O CONDUCTED THREE CONVENINGS WITH ORGANIZATIONS SERVING RETURNING CITIZENS,
HIGHLIGHTING THE TOOLKIT IT DEVELOPED IN 2017, WHICH PROVIDES FINANCIAL
CAPABILITY AND REENTRY PRACTITIONERS WITH TOOLS AND RESOURCES FOR HELPING
RETURNING CITIZENS TO BUILD STRONG CREDIT, AND STRONG BUSINESSES.
O ESTABLISHED AND BECAME THE SOLE MEMBER OF CBA FUND, A COMMUNITY
DEVELOPMENT FINANCIAL INSTITUTION (CDFI) INTERMEDIARY DEDICATED TO
SUPPORTING NONPROFIT LENDERS THAT OFFER SMALL DOLLAR CONSUMER LOANS TO

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UNDERSERVED BORROWERS. WITH ITS FIRST EVER PROGRAM RELATED INVESTMENT, CBA SUPPORTED CBA FUND IN LENDING LOAN CAPITAL TO FOUR NONPROFIT LENDER MEMBERS USING A VARIETY OF THE PRODUCTS-IN-A-BOX (PIAB) TOOLKITS THAT CBA CREATED IN 2017.

O DEVELOPING A REPLICATION TOOLKIT FOR THE BOSTON BUILDS CREDIT INITIATIVE
IN ORDER TO PROMOTE THE REPLICATION OF MUNICIPAL CREDIT BUILDING ACROSS THE
COUNTRY.

3. CBA SYMPOSIUM

IN 2014 CBA OFFERED ITS FIRST EVER AND INCREDIBLY POWERFUL CREDIT BUILDING SYMPOSIUM. DUE TO POPULAR DEMAND THE CREDIT BUILDING SYMPOSIUM HAS SINCE BECOME AN ANNUAL EVENT. THE SYMPOSIUM IS INTENDED TO BE A DIALOGUE BETWEEN NONPROFIT ORGANIZATIONS INVOLVED IN CREDIT BUILDING AND THOSE CORPORATE ENTITIES WHOSE BUSINESS PRACTICES INCLUDE CREDIT REPORTING, CREDIT SCORING AND/OR CREDIT GRANTING. CBA'S GOAL IS TO BROKER MORE DISCUSSION BETWEEN THESE TWO CONNECTED INDUSTRIES WITH THE INTENT OF CONTINUING TO BRIDGE GAPS IN UNDERSTANDING AND STRENGTHENING BONDS IN THE CREDIT REPORTING ARENA. AN OVERARCHING THEME FOR THE SYMPOSIUM EVERY YEAR IS THE LINKAGE BETWEEN THE WORK BEING DONE IN THE CREDIT BUILDING FIELD AND THAT OF THE BROADER ISSUES OF INCOME INEQUALITY, POVERTY REDUCTION, AND ASSET BUILDING. THE SYMPOSIUM ALSO OFFERS OUR MEMBERS AND OTHER CREDIT BUILDING INDUSTRY STAKEHOLDERS A GREAT OPPORTUNITY TO LEARN AND BUILD RELATIONSHIPS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR AND THE FINANCE MANAGER REVIEW THE 990 TAX
RETURN UPON RECEIPT FORM THE PREPARERS. THE FINANCE COMMITTEE OF THE

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BOARD ALSO REVIEWS THE RETURN. ALL QUESTIONS AND ISSUES ARE ANSWERED AND
RESOLVED AND ANY APPROPRIATE CORRECTIONS ARE MADE TO THE RETURN. ONCE THIS
PROCESS IS COMPLETE A COPY OF THE 990 IS FORWARDED TO THE FULL BOARD OF
DIRECTORS PRIOR TO FILING THE RETURN.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY WITH THE
BOARD OF DIRECTORS AND MANAGEMENT. THE ORGANIZATION REQUIRES DISCLOSURE OF
ANY INTERESTS THAT MAY PRESENT A CONFLICT OF INTEREST.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED ANNUALLY BY
THE BOARD OF DIRECTORS. COMPENSATION LEVELS FOR SIMILAR ORGANIZATIONS ARE
CONSIDERED IN THESE DECISIONS.
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
ALL OTHER OFFICER OR KEY EMPLOYEE SALARY AMOUNTS ARE REVIEWED
AND APPROVED BY THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. COMPENSATION
LEVELS FOR SIMILAR ORGANIZATIONS ARE CONSIDERED IN THESE DECISIONS.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THESE POLICIES AND DOCUMENTS ARE PROVIDED UPON REQUEST

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 2018

Inspection

Employer identification number

Name of the organization	CREDIT BUILDERS ALLIANCE INC					20-8351782	32
Part	Identification of Disregarded Entities. Complete if the o	rganization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on Fo	orm 990, Part IV	, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(£)							1
(2)							
(3)							
(4)							
(5)							
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" one or more related tax-exempt organizations during the tax year.	omplete if the org	anization answ	ered "Yes" on Fc	orm 990, Part IV	on Form 990, Part IV, line 34, because it had	it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) CBA FUN 1701 K WASHING	CBA FUND 1701 K STREET NW, STE 1000 20-8351782 WASHINGTON DC 20006	CRED BUILD	DC	501C3	7	CBA	×
(2)		_					
(3)							
(4)					,		
(5)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedul	Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 CREDIT BUILDERS ALLIANCE INC

Schedule R (Form 990) 2018 (i) Section 512(b)(13) controlled (k) Percentage ownership Yes No entity? (I) General or managing Yes partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership amount in box 20 (i) Code V—UBI of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate 6 alloc.? Yes Share of end-of-year assets Ō Share of total income Share of total income (C corp, S corp, Type of entity ε or trust) (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) Direct controlling (d)
Direct controlling
entity foreign country) Legal domicile (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV DAA Ξ 3 3 4 ල <u>4</u> Ξ (7

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	اہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	organizations listed ir	n Parts II–IV?				
a Receipt of (i) interest. (ii) annuities. (iii) royalties, or (iv) rent from a controlled entity		-		<u>1</u>	×	
				10	×	
				,	×	
					•	۱.
 d Loans or loan guarantees to or for related organization(s) 				<u>P</u>	4	ار
e Loans or loan guarantees by related organization(s)				Je	×	ار
				*	>	
T Dividends from related organization(s)				1	1	. ا .
g Sale of assets to related organization(s)				19	×	ای
				=	×	
				÷	×	١
				:		١.
j Lease of facilities, equipment, or other assets to related organization(s)				=	×	ام
b I and officialities an unimpose or ather seests from related arranization(s)				7	×	
				•	>	1
Performance of services or membership or fundralising solicitations for related organization(s)				=	+	1.
m Performance of services or membership or fundraising solicitations by related organization(s)				E	×	اہ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-	×	
				ļ	 	ı
 Sharing of paid employees with related organization(s) 				10	4	1000
n Doimhursomant naid to related ornanization(e) for avnances				12	×	
p Neilliouseillein paid to related organization(s) for expenses						١.
 Reimbursement paid by related organization(s) for expenses 				19	4	
				+	×	:
r Other transfer of cash of property to related organization(s)					+	١.
s Other transfer of cash or property from related organization(s)				18	4	ار
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	e, including covered re	lationships and transac	ion thresholds.			-
(4)	(p)	(9)	(b)			
Name of raladed organization	Transaction	Amount involved	Method of determining amount involved	nount involve	-	
	type (a-s)					
(1)						
(2)						
						1
(2)	-					
(4)						-
•						
(c)						
(9)						

Schedule R (Form 990) 2018

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		foreign country)	from tax under sections 512-514)	organizations?	,		Yes	No	Yes No	
(1)										
						3				
(2)										
								7		
(3)										
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(5)									-	
	·									-
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(8)										
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(6)										
(10)					-					·
(11)				-	20					
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								Sch	edule R (For	Schedule R (Form 990) 2018

Schedule R (F		CREDIT E		ALLIANC	E INC	20-8	351 /82		Page 5
Part VII	Supplement Provide add	ntal Information ditional informa	on. Ition for respo	onses to ques	tions on Sch	edule R. See Ir	structions.		
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