Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A I	For the	2017 calenda	ar year, or tax year beginning April 1 , 2017, and ending	M	arch 31	, 20	18			
B Check if applic		oplicable:	C Name of organization	D Empl	oyer iden	tification numb	er 🔽			
	Address c	change	Empowered Poor, Inc.	27-3191519						
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number						
=	Initial retur	rn rn/terminated	12693 Cold Springs Drive		847-668-7600					
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption						
	Applicatio	n pending	Huntley, IL 60142	Num	nber 🕨	?				
G	Account	ting Method:	☐ Cash	Check	► 🗆 if tl	he organizatio	n is not			
	Nebsite	to attac	h Schedule B	?						
J T	ax-exen	90, 990-E	Z, or 990-PF)							
			✓ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to							
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		67,008			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th							
		Check if	the organization used Schedule O to respond to any question in this Part	<u> 1</u>			. 🔽			
?	1	Contribution	ons, gifts, grants, and similar amounts received		1		28,996			
?	2	-	ervice revenue including government fees and contracts		2					
?	3		ip dues and assessments		3					
?	4	Investment			4					
Revenue	5a		unt from sale of assets other than inventory 5a							
	b	Less: cost								
	С	Gain or (los		5c						
	6	Gaming and fundraising events Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than								
	а									
	١.	\$15,000) .								
š	b	Gross inco	ons							
æ			aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b							
				38,012						
	d		t expenses from gaming and fundraising events 6c 6c	19,630						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	Jouract	C-1					
	7.	•			6d		18,382			
	7a		s of inventory, less returns and allowances							
	b		of goods sold		7c					
	8 8		nue (describe in Schedule O)		8					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9		47.070			
_	10		I similar amounts paid (list in Schedule O)		10		47,378 27,200			
Net Assets Expenses	11		aid to or for members		11		37,200			
			ther compensation, and employee benefits 2		12					
	13		al fees and other payments to independent contractors		13		2,460			
	14		y, rent, utilities, and maintenance		14		2,400			
	15		ublications, postage, and shipping		15		3,816			
	16		enses (describe in Schedule O)		16		11,941			
	17		enses. Add lines 10 through 16		17		55,417			
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18		-8,039			
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree				-0,009			
	-		r figure reported on prior year's return)		19		32,523			
	20	-	iges in net assets or fund balances (explain in Schedule O)		20		-4,158			
ž	21		or fund balances at end of year. Combine lines 18 through 20		21		20,326			
For			ion Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ				

Form 990-EZ (2017) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 32,523 22 22 Cash, savings, and investments . 20,326 23 23 233 24 24 Other assets (describe in Schedule O) . . 198 25 25 26 Total liabilities (describe in Schedule O) 26 32,756 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20.524 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Alleviate poverty in India and South Asia using micro-loan 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Micro-lending: Help marginalized & poor families in India and South Asia out of poverty through micro-loans to start income generating micro-businesses. 560 families were given microloans in 2017-18. (Grants \$ 28a) If this amount includes foreign grants, check here . 35,000 Reaching Indians Ministries International (RIMI) is a 501(C)3 Not for Profit organization. RIMI is engaged in leadership development, church planting, and compassion work in India and South Asia. 29a) If this amount includes foreign grants, check here . . . 2,200) If this amount includes foreign grants, check here . . . 30a (Grants \$) If this amount includes foreign grants, check here . . . 31a 37,200 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Ernest Mall. President 35 0 0 0 Donna Mall, Secretary 10 0 0 Tim Murphy, Treasurer 5 0 0 Stacy, Murphy, Director 0 0 Saji Lukos, Director 0 0 Reuben Arulanandam, Director 0 0 0 Timothy Lynn, Director 0 0 0 Scott Goodman, Diretor 0 0 0 Chris Kolber, Advisory Board 0 0 0 Michael Hoffenberg, Advisory Board n n 0

Brad Boskovic, Advisory Board

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b J Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . 38a ~ ? If "Yes," complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b ~ ? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed ▶ Illinois 41 42a The organization's books are in care of ► Serve Enterprises, Inc Telephone no. ► 847-975-2042 Located at ► 13047 Summerview Drive, Huntley, IL 60142-7669 ZIP + 4 ▶ **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

U-LZ (Z	,,,,							age ¬
							Yes	No
VI	Section 501(c)(3) organizations	only					for line	· •
		s must answer que	5110115 47-49D ai	iu 52, and	Complete the	e labies i	OI III R	55
		edule O to respond	I to any question i	n this Part	VI			
	<u> </u>		7 1				Yes	No
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the target year? If "Yes," complete Schedule C, Part II								~
Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule	eE	. 48		~
		-	_			_	_	~
		(b) Average hours per week	(c) Reportable compensation	(d) He contribut	ealth benefits, tions to employee	(e) Estimat	ed amou	unt of
		devoted to position	(FORMS W-2/1099-WIR	col	mpensation			
Comp	plete this table for the organization's	s five highest compe	ensated independe	ent contrac	tors who each	received	more	than
(a)	Name and business address of each independent	(b) Type of	(c)	(c) Compensation				
Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶		0		
Did t	he organization complete Schedu	•	ection 501(c)(3) or	•		_	I	No
						nowledge and	d belief,	it is
	\							
	Signature of officer	Date						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Date						
	Charles D. Sell				yed P0	19521	51	
Only	• •		2.7660		Firm's EIN ▶	047.075	2042	
e IRS								No.
	Did the to care via a series of the to care via a series o	Did the organization engage, directly or in to candidates for public office? If "Yes," color solic)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used School and 51. Check if the organization used School as described in Did the organization as chool as described in Did the organization make any transfers to If "Yes," was the related organization as ecomplete this table for the organization's employees) who each received more than (a) Name and title of each employee Total number of other employees paid ove Complete this table for the organization's \$100,000 of compensation from the organization's \$100,000 of compensation from the organization's complete Schedule A	Did the organization engage, directly or indirectly, in political of to candidates for public office? If "Yes," complete Schedule C VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond the organization engage in lobbying activities or have a year? If "Yes," complete Schedule C, Part II	Did the organization engage, directly or indirectly, in political campaign activities to candidates for public office? If "Yes," complete Schedule C, Part I	Did the organization engage, directly or indirectly, in political campaign activities on behalf to candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and 50 and 51. Check if the organization used Schedule O to respond to any question in this Part Did the organization engage in lobbying activities or have a section 501(h) election in efficiency and in the organization and section 501 (and in the organization as chool as described in section 170(b)(1)(A)(ii)" If "Yes," complete Schedule Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization? for highest compensated employees (other than employees) who each received more than \$100.000 of compensation from the organization? (a) Name and title of each employee (b) Average hours per week devoted to position (Forms W-2/1099-MISC) Total number of other employees paid over \$100.000 Complete this table for the organization's five highest compensated independent contracts \$100.000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organization completed Schedule A? Note: All section 501(c)(4) organization completed Schedule A? Note	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposit to candidates for public office? If "Yes," complete Schedule C, Part 1 Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(n) election in effect during the year? If "Yes," complete Schedule C, Part II 1 to the organization aschool as described in section 17(0)(1)(A)(ii)? If "Yes," complete Schedule E 1 to the organization aschool as described in section 17(0)(1)(A)(ii)? If "Yes," complete Schedule E 2 to the organization aschool as described in section 527 organization? 2 if "Yes," was the related organization a section 527 organization? 2 if "Yes," was the related organization as section 527 organization? 3 if "Yes," was the related organization as section 527 organization? 3 if "Yes," was the related organization as section 527 organization? 4 if "Yes," was the related organization as section 527 organization? 4 if "Yes," was the related organization as section 527 organization? 5 if "Yes," was the related organization as section 527 organization? 6 if "Yes," was the related organization as section 527 organization? 6 if "Yes," was the related organization as section 527 organization. 6 if Paperalision or the organization or section 527 organization. 6 if Paperalision organization organization as section 527 organization. 6 if Paperalision organization organization. 6 if Paperalision organization. 6 if Paperalision organization organization. 6 if Paperalision organization. 6 if Paperalision organization organization. 6 if Paperalision organization. 6 if Paperalision organi	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1