Form 990
Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Name of organization

SELF ENHANCEMENT, INC.

D Employer identification number

93-1086629

Number and street (or P.O. box if mail is not delivered to street address)

3920 N KERBY AVENUE

E Telephone number

503-249-1721

City or town, state or province, country, and ZIP or foreign postal code

PORTLAND, OR 97227-1255

G Gross receipts $

17,681,955.

H(a) Is this a group return

Yes

H(b) Are all subordinates included?

Yes

I Tax-exempt status: X 501(c)(3) 501(c)(

☐ (insert no.) 4947(a)(1) or ☐ 527

If "No," attach a list. (see instructions)

J Website: WWW.SELFENHANCEMENT.ORG

K Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1992  M State of legal domicile: OR

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: HELPING INNER-CITY YOUTH REALIZE THEIR FULL POTENTIAL.

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

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

22

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

22

5 Total number of individuals employed in calendar year 2017 (Part V, line 3a)

516

6 Total number of volunteers (estimate if necessary)

100

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

0.

7b Net unrelated business taxable income from Form 990-T, line 34

0.

8 Contributions and grants (Part VIII, line 1h)

Prior Year  Current Year

16,076,727. 16,603,665.

0. 0.

9 Program service revenue (Part VIII, line 2g)

2,578. 148.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

907,844. 859,073.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

16,987,149. 17,462,590.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,089,149. 3,223,737.

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

0. 0.

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

10,217,792. 10,350,266.

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

0. 0.

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

570,899.

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

3,543,617. 4,612,183.

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

16,850,558. 18,186,186.

19 Revenue less expenses. Subtract line 18 from line 12

136,591. 723,596.

Beginning of Current Year  End of Year

9,189,394. 8,726,443.

20 Total assets (Part X, line 16)

6,014,138. 6,243,670.

21 Total liabilities (Part X, line 26)

3,175,256. 2,482,773.

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

TONY ANDE, DIRECTOR OF FINANCE & ADMIN

Type or print name and title

Print/Type preparer’s name

SANG AHN

Preparer’s signature

Date

Check ☐ self-employed

PTIN 00540880

Preparer’s EIN

93-0900579

Use Only

Firm’s name

MCDONALD JACOBS, P.C.

Firm’s address

520 SW YAMHILL ST., STE 500
PORTLAND, OR 97204

Phone no. (503) 227-0581

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☑ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)
SELF ENHANCEMENT, INC.  93-1086629

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission:

SELF ENHANCEMENT IS DEDICATED TO HELPING INNER-CITY YOUTH REALIZE THEIR FULL POTENTIAL. WORKING WITH SCHOOLS, FAMILIES AND COMMUNITY ORGANIZATIONS, SELF ENHANCEMENT PROVIDES OPPORTUNITIES FOR PERSONAL AND ACADEMIC SUCCESS, BRINGING HOPE TO INDIVIDUAL YOUNG PEOPLE AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☑ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 5,473,768. including grants of $ 563,911.) (Revenue $ )

CORE PROGRAM

SELF ENHANCEMENT INC. IS ONE OF THE NATION’S MOST COMPREHENSIVE AND SUCCESSFUL YOUTH DEVELOPMENT ORGANIZATIONS. SELF ENHANCEMENT HAS A 35 YEAR HISTORY SERVING THE PORTLAND COMMUNITY. OVER 90% OF THE PROGRAM PARTICIPANTS HAVE OVERCOME SIGNIFICANT BARRIERS TO SUCCESS SUCH AS POVERTY, FAMILY SUBSTANCE ABUSE, GANG INVOLVEMENT, ABSENT PARENTS, AND LOW ACADEMIC ACHIEVEMENT. THESE STUDENTS HAVE GONE ON TO BECOME POSITIVE CONTRIBUTING CITIZENS, WHICH IS DEFINED BY SELF ENHANCEMENT AS AT LEAST 2 YEARS OF POST-SECONDARY EDUCATION OR LIVING WAGE EMPLOYMENT. THE CORE PROGRAM SERVICES ARE BASED ON THE RELATIONSHIP MODEL IN WHICH ADULTS TAKE ON THE ROLES OF TEACHER, PARENT, AND MENTOR. SELF ENHANCEMENT SERVICES ARE OFFERED WITHIN A CULTURE OF SUCCESS; ARE

4b (Code: ) (Expenses $ 1,722,578. including grants of $ 2,103.) (Revenue $ )

NON-CORE YOUTH PROGRAM

SELF ENHANCEMENT SERVES NEARLY 3,000 YOUTH EACH YEAR, THROUGH A VARIETY OF NON-CORE PROGRAMS. SELF ENHANCEMENT MANAGES 6 SCHOOLS UNITING NEIGHBORHOODS (SUN) COMMUNITY SCHOOLS AND PROVIDES SOCIAL AND SUPPORT SERVICES FOR EDUCATIONAL SUCCESS UNDER THE MULTNOMAH COUNTY SUN SERVICE SYSTEM FOR BOTH REGION 2 AND AFRICAN AMERICAN TARGET OUTREACH POPULATION. SELF ENHANCEMENT ALSO PROVIDES SERVICES TO YOUTH UNDER MULTNOMAH COUNTY’S SCHOOL ATTENDANCE INITIATIVE AND PORTLAND CHILDREN’S LEVY FOSTER CARE PROGRAM.

4c (Code: ) (Expenses $ 7,240,521. including grants of $ 2,657,723.) (Revenue $ )

COMMUNITY + FAMILY PROGRAMS

SELF ENHANCEMENT RECOGNIZES THAT AT-RISK YOUTH MOST OFTEN COME FROM AT-RISK FAMILIES. THE POSITIVE WORK SEI DOES WITH YOUNG PEOPLE DURING THE DAY AND AFTER-SCHOOL CAN EASILY BE UNRAVELED BY AN UNHEALTHY SITUATION IN THE HOME. FOR THIS REASON, SELF ENHANCEMENT’S PROGRAMS INCLUDE OUTREACH SERVICES TO FAMILIES INCLUDING CASE MANAGEMENT, PARENTING CLASSES, ENERGY ASSISTANCE, JOB PLACEMENT, AND REFERRALS TO OUTSIDE RESOURCES. SELF ENHANCEMENT PROVIDES CULTURALLY COMPETENT SUPPORT SERVICES THROUGH THE IN-HOME SAFETY AND REUNIFICATION PROGRAM, THE DOMESTIC AND SEXUAL VIOLENCE PREVENTION PROGRAM, THE PARENT-CHILD DEVELOPMENT PROGRAM, THE HEALTHY HOMES PROGRAM, AND THE COMMUNITY WORKS PROGRAM. SELF ENHANCEMENT ALSO PROVIDES ASSISTANCE WITH BASIC NEEDS

4d Other program services (Describe in Schedule O.)

(Expenses $ 906,129. including grants of $ 0.) (Revenue $ )

4e Total program service expenses ► 15,342,996.

SEE SCHEDULE O FOR CONTINUATION(S)
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A
   
   1  X
   
2. Is the organization required to complete Schedule B, Schedule of Contributors?
   
   2  X
   
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. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?
   
   4  X
   
5. 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
   
   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 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.
    
   a. 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
   
   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  X
   
   c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
      
      11c  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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
      
      11d  X
   
   e. 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 the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
      
      11f  X
   
   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
   
   b. Was the organization included in consolidated, independent audited financial statements for the tax year?
      
      12b  X
   
13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
   
   13  X
   
14a. Did the organization maintain an office, employees, or agents outside of the United States?
   
   14a  X
   
14b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? 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 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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
   
   16  X
   
17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
   
   17  X
   
18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
   
   18  X
   
19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
### Part IV Checklist of Required Schedules (continued)

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</table>

**Note.** All Form 990 filers are required to complete Schedule O.
**Part V**

**Statements Regarding Other IRS Filings and Tax Compliance**

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

| 1a | Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable | 394 | Yes |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable | 0 | No |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |

| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 516 | Yes |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? |

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |
| 4b | If "Yes," enter the name of the foreign country: |


| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? |
| 5d | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? |
| 5e | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? |

**Organizations that may receive deductible contributions under section 170(c).**

| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? |
| d | If "Yes," indicate the number of Forms 8282 filed during the year |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |

**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

| a | Did the sponsoring organization make any taxable distributions under section 4966? |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? |

**Section 501(c)(7) organizations.** Enter:

| a | Initiation fees and capital contributions included on Part VIII, line 12 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities |

| a | Gross income from members or shareholders |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) |

**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

| a | If "Yes," enter the amount of tax-exempt interest received or accrued during the year |

**Section 501(c)(29) qualified nonprofit health insurance issuers.**

| a | Is the organization licensed to issue qualified health plans in more than one state? |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans |
| c | Enter the amount of reserves on hand |
| d | Did the organization receive any payments for indoor tanning services during the tax year? |
| e | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | X | No |
### Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year.

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5. Did the organization become aware during the year of a significant diversion of the organization’s assets?

### Section B. Policies

10. Did the organization have local chapters, branches, or affiliates?

11. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

12. Did the organization have a written conflict of interest policy? If “No,” go to line 13

13. Did the organization have a written whistleblower policy?

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed.

18. 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.

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For each “Yes” response to lines 2 through 7b below, and for a “No” response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

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

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Average hours per week</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
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<td>(1) ADRIENNE HON-NELSON</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(10) JAN TURNER</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD DEV &amp; COMM, GOV RELATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) JENNY GILHOOLY</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD DEV COMM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) JUSTIN DELANEY</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR EMERITUS, EXEC COMMITTEE, CHAI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) KAROLYN NEUPERT GORDON</td>
<td>2.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) KIOSHA FORD</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) LYNN OGDEN</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD DEV COMM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) MARK WALLER</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GOVERNMENT RELATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) MARY RUBLE</td>
<td>1.00</td>
<td>x</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR RESOURCE, DEV COMM, EXEC COMM,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017) SELF ENHANCEMENT, INC. 93-1086629 Page 7
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(continued)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) MICHAEL LEVELLE</td>
<td>1.00</td>
<td>Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) MORGAN BELTZ</td>
<td>1.00</td>
<td>Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) REGGIE GUYTON</td>
<td>2.00</td>
<td>Board Development Comm</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) RICH ROCHE</td>
<td>1.00</td>
<td>Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) WILLIAM MITCHELL</td>
<td>1.00</td>
<td>Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) TONY L. HOPSON SR</td>
<td>40.00</td>
<td>President &amp; CEO, Exec Comm, Dev Comm</td>
<td>271,862.</td>
<td>0.</td>
<td>31,047.</td>
</tr>
<tr>
<td>(24) LIBRA FORDE</td>
<td>40.00</td>
<td>COO</td>
<td>116,659.</td>
<td>0.</td>
<td>22,852.</td>
</tr>
<tr>
<td>(25) TONY ANDE</td>
<td>40.00</td>
<td>Dir. of Fin. and Admin.</td>
<td>110,819.</td>
<td>0.</td>
<td>16,902.</td>
</tr>
</tbody>
</table>

---

1. **Sub-total**
   - Total from continuation sheets to Part VII, Section A
   - Total (add lines 1b and 1c)

2. **Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization**

3. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

---

**Section B. Independent Contractors**

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>URBAN LEAGUE OF PORTLAND</td>
<td>SUBRECIPIENT FOR GOV GRANT, ASSIST CL</td>
<td>550,008.</td>
</tr>
<tr>
<td>10 N RUSSELL AVE, PORTLAND, OR 97227</td>
<td>SUBRECIPIENT FOR GOV GRANT, ASSIST CL</td>
<td>209,924.</td>
</tr>
<tr>
<td>GREAT AMERICA FINANCIAL SERVICES</td>
<td>SUBRECIPIENT FOR GOV GRANT, ASSIST CL</td>
<td>116,753.</td>
</tr>
<tr>
<td>PO BOX 60831, DALLAS, TX 75266</td>
<td>SUBRECIPIENT FOR GOV GRANT, ASSIST CL</td>
<td>104,470.</td>
</tr>
</tbody>
</table>

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

---

Form 990 (2017)
## Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>16603665.</td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
</table>

| Program Service Revenue | |
|-------------------------|
| a | b | c | d | e | f | g Total. Add lines 2a-2f |
|----------------------------|
| Investment income (including dividends, interest, and other similar amounts) | |
| Royalties | |
| (i) Real | (ii) Personal |
| 6 | a | b | c | d | e | f |
| Gross rents | Less: rental expenses | Rental income or (loss) | Net rental income or (loss) |
| 8,309. | 0. | 8,309. | 8,309. |

<table>
<thead>
<tr>
<th>Other Revenue</th>
</tr>
</thead>
</table>

| a | b | c |
|----------------------------|
| Gross amount from sales of assets other than inventory | Less: cost or other basis and sales expenses | Gain or (loss) |
| (i) Securities | (ii) Other |
| 148. | -148. |
| (b) | c | d |
| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | Less: direct expenses | Net income or (loss) from fundraising events |
| 1047550. | 219,217. | 828,333. |

| a | b | c |
|----------------------------|
| Gross income from gaming activities. See Part IV, line 19 | Less: direct expenses | Net income or (loss) from gaming activities |
| | |

| a | b | c |
|----------------------------|
| Gross sales of inventory, less returns and allowances | Less: cost of goods sold | Net income or (loss) from sales of inventory |
| | |

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
</table>

<p>| Miscellaneous Revenue | |
|-----------------------|
| a | b | c | d | e Total. Add lines 11a-11d | f |
| MISCELLANEOUS INCOME | CONSULTING INCOME | |
| 11a | 900099 | 16,882. | 16,882. |
| b | 900099 | 5,549. | 5,549. |
| c | | | |
| d | All other revenue | |
| e | Total. Add lines 11a-11d | |
| f | 22,431. | |
| 12 Total revenue. See instructions. | |
| 17462590. | 0. | 0. | 858,925. |</p>
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21...</td>
<td>97,500</td>
<td>97,500</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>3,126,237</td>
<td>3,126,237</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>578,732</td>
<td>441,695</td>
<td>115,017</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>7,455,589</td>
<td>5,690,189</td>
<td>1,481,722</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>110,889</td>
<td>84,632</td>
<td>22,038</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>1,368,234</td>
<td>1,044,252</td>
<td>271,922</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>836,822</td>
<td>638,672</td>
<td>166,310</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>6,041</td>
<td>444</td>
<td>5,563</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>65,307</td>
<td>65,307</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>253,216</td>
<td>23,409</td>
<td>227,992</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>370,491</td>
<td>155,165</td>
<td>206,843</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>288,178</td>
<td>234,130</td>
<td>52,299</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>113,687</td>
<td>113,687</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>339,424</td>
<td>271,169</td>
<td>56,601</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>137,644</td>
<td>103,537</td>
<td>28,543</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>CONTRACT SERVICES</td>
<td>1,969,286</td>
<td>1,951,448</td>
<td>3,303</td>
</tr>
<tr>
<td>b</td>
<td>EVENTS AND ACTIVITIES</td>
<td>525,255</td>
<td>502,742</td>
<td>15,419</td>
</tr>
<tr>
<td>c</td>
<td>MISCELLANEOUS</td>
<td>362,032</td>
<td>109,218</td>
<td>168,069</td>
</tr>
<tr>
<td>d</td>
<td>EQUIPMENT AND BUILDING</td>
<td>189,768</td>
<td>20,784</td>
<td>165,979</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>-8,146</td>
<td>847,773</td>
<td>-894,143</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>18,186,186</td>
<td>15,342,996</td>
<td>2,272,291</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Check here if following SOP 98-2 (ASC 958-720) □

Form 990 (2017) SELF ENHANCEMENT, INC. 93-1086629 Page 10

732010 11-28-17

13081108 781409 8338 2017.05000 SELF ENHANCEMENT, INC. 8338_1
<table>
<thead>
<tr>
<th>Assets</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>-109,025</td>
<td>2,230</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>1,000,591</td>
<td>540,424</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>1,228,892</td>
<td>1,348,342</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 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 instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,885,323</td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>5,149,622</td>
<td>6,869,081</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td>338</td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>9,189,394</td>
<td>8,726,443</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>1,238,684</td>
<td>1,304,843</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td>214,012</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td>542,513</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>709,709</td>
<td>669,307</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>3,851,733</td>
<td>3,727,007</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>6,014,138</td>
<td>6,243,670</td>
</tr>
<tr>
<td>Net Assets or Fund Balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Unrestricted net assets</td>
<td>1,499,516</td>
<td>1,009,626</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>1,675,740</td>
<td>1,473,147</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>3,175,256</td>
<td>2,482,773</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>9,189,394</td>
<td>8,726,443</td>
</tr>
</tbody>
</table>
**Part XI Reconciliation of Net Assets**

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>17,462,590.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>18,186,186.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-723,596.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>3,175,256.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>31,113.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>2,482,773.</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash Accrual Other</td>
<td>X</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a X</td>
</tr>
<tr>
<td>b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>2b X</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>2c X</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>3a X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td>3b X</td>
</tr>
</tbody>
</table>
SCHEDULE A
(Form 990 or 990-EZ)

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.

Name of the organization

SELF ENHANCEMENT, INC.

Employer identification number

93-1086629

Part I
Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

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

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:

5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [X] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)
7. [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. [ ] An agricultural trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

f. [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

g. Enter the number of supported organizations: __________________________

h. Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Total

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
# Schedule A (Form 990 or 990-EZ) 2017

**SELF ENHANCEMENT, INC.**

**93-1086629**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>8728413</td>
<td>10646193</td>
<td>10788136</td>
<td>16076727</td>
<td>16603665</td>
<td>62843134</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 Total. Add lines 1 through 3</strong></td>
<td>8728413</td>
<td>10646193</td>
<td>10788136</td>
<td>16076727</td>
<td>16603665</td>
<td>62843134</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support, Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>62843134</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>8728413</td>
<td>10646193</td>
<td>10788136</td>
<td>16076727</td>
<td>16603665</td>
<td>62843134</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>8,980</td>
<td>8</td>
<td>10,116</td>
<td>8,309</td>
<td>27,413</td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>1191957</td>
<td>1158379</td>
<td>516,062</td>
<td>899,819</td>
<td>850,764</td>
<td>4616981</td>
</tr>
<tr>
<td><strong>11 Total support. Add lines 7 through 10</strong></td>
<td>12611579</td>
<td>12742572</td>
<td>866,678</td>
<td>1,759,638</td>
<td>1,701,575</td>
<td>9263968</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67487528</td>
</tr>
<tr>
<td>13 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) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | | | | | | 93.12% |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | | | | | | 93.61% |
| 16a 33 1/3% support test - 2017. 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 | | | | | | |
| 16b 33 1/3% support test - 2016. 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 | | | | | | |
| 17a 10% -facts-and-circumstances test - 2017. 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 organization | | | | | | |
| 17b 10% -facts-and-circumstances test - 2016. 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 supported organization | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>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</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>7.a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>7.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</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>7.c Add lines 7a and 7b</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td><strong>8 Public support. Subtract line 7c from line 6</strong></td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>10.a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>10.b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>10.c Add lines 10a and 10b</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td><strong>Total support. Add lines 9, 10c, 11, and 12.</strong></td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td><strong>14 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) organization, check this box and stop here</strong></td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

- 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))
- 16 Public support percentage from 2016 Schedule A, Part III, line 15

#### Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2016 Schedule A, Part III, line 17

- **19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- **19b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

- **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Part IV
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

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (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).

   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV. Supporting Organizations (continued)

**Section A. Section 501(c)(3) Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described in (a) above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described in (a) or (b) above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Type I Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Type II Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D. All Type III Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section E. Type III Functionally Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activities Test. Answer (a) and (b) below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>1b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>1c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>1e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Section D - Distributions

#### Current Year

<table>
<thead>
<tr>
<th></th>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
</tbody>
</table>

#### Part VI

- **Total annual distributions.** Add lines 1 through 6.
- **Excess Distributions**
- **Underdistributions**
  - **Pre-2017**
  - **Distributable Amount for 2017**

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2017</th>
<th>Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Part VI.

- **Excess distributions carryover to 2018.** Add lines 3j and 4c.

### Schedule A (Form 990 or 990-EZ) 2017

**SELF ENHANCEMENT, INC.**

| 13081108 781409 8338 | 2017.05000 SELF ENHANCEMENT, INC. 8338____1 |
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.)
** Schedule B **

(Attach to Form 990, Form 990-EZ, or Form 990-PF.)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

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

Name of the organization

SELF ENHANCEMENT, INC.

Employer identification number

93-1086629

Organization type (check one):

Filers of:  

Section:

Form 990 or 990-EZ

☐ 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 covered by the General Rule or a Special Rule.

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
### Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,213,881.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$408,334.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
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<td>(Complete Part II for noncash contributions.)</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ __________________  ____________</td>
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</tr>
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<td></td>
<td></td>
<td>$ __________________  ____________</td>
<td></td>
</tr>
</tbody>
</table>
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year from any one contributor. Complete columns (a) through (e) and the following line entry for organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year.

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

(a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
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<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

2017

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

SELF ENHANCEMENT, INC.

Employer identification number

93-1086629

Part I-A  Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ................................................................. ▶ $

3 Volunteer hours for political campaign activities ......................................................

Part I-B  Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ Yes □ No

4a Was a correction made? .........................................................................................

b If "Yes," describe in Part IV.

Part I-C  Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ................................................................. ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ................................................................. ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file Form 1120-POL for this year? □ Yes □ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name

(b) Address

(c) EIN

(d) Amount paid from filing organization’s funds. If none, enter 0.

(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

13081108 781409 8338

25

2017.05000 SELF ENHANCEMENT, INC. 8338___1
### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
<td>17,615,290.00</td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
<td>17,615,290.00</td>
</tr>
<tr>
<td>f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
<td>1,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>652,954.00</td>
<td>788,501.00</td>
<td>963,144.00</td>
<td>1,000,000.00</td>
<td>3,404,599.00</td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,106,899.00</td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Grassroots nontaxable amount</td>
<td>163,239.00</td>
<td>197,125.00</td>
<td>240,786.00</td>
<td>250,000.00</td>
<td>851,150.00</td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,276,725.00</td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>652,954.00</td>
<td>788,501.00</td>
<td>963,144.00</td>
<td>1,000,000.00</td>
<td>3,404,599.00</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,106,899.00</td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>163,239.00</td>
<td>197,125.00</td>
<td>240,786.00</td>
<td>250,000.00</td>
<td>851,150.00</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,276,725.00</td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Amount</td>
<td></td>
</tr>
</tbody>
</table>

- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- Grants to other organizations for lobbying purposes?
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</td>
<td></td>
</tr>
</tbody>
</table>

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carryover from last year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
Supplemental Financial Statements

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Name of the organization: SELF ENHANCEMENT, INC.
Employer identification number: 93-1086629

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 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? [ ] Yes [ ] No

6 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? [ ] Yes [ ] No

Part II
Conservation Easements.

1 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
- Protection of natural habitat
- Preservation of a certified historic structure
- Preservation of open space

2 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.

   a 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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $ ____________

8 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)? [ ] Yes [ ] No

9 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.

Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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.

1b 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 $ ____________

2 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:

   a Revenue included on Form 990, Part VIII, line 1 $ ____________
   b Assets included in Form 990, Part X $ ____________
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

[Yes] [No]

---

**Part V: Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- Board designated or quasi-endowment [ ]%
- Permanent endowment [ ]%
- Temporarily restricted endowment [ ]%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- [ ] unrelated organizations
- [ ] related organizations

3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

---

**Part VI: Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>10,812,002.</td>
<td>4,177,063.</td>
<td>6,634,939.</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>1,025,890.</td>
<td>925,128.</td>
<td>100,762.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>47,431.</td>
<td>47,431.</td>
<td></td>
<td>6,735,701.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
**Part VII** Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part VIII** Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IX** Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

**Part X** Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) LOAN FROM RELATED PARTY</td>
<td>1,861,115.</td>
</tr>
<tr>
<td>(3) LINE OF CREDIT</td>
<td>1,865,892.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>3,727,007.</td>
</tr>
</tbody>
</table>

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. [X]
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines a through d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. <em>(This must equal Form 990, Part I, line 12)</em></td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. <em>(This must equal Form 990, Part I, line 18)</em></td>
</tr>
</tbody>
</table>

### 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, LINE 2:**

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

<table>
<thead>
<tr>
<th>Part I</th>
<th>Fundraising Activities. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</td>
</tr>
<tr>
<td></td>
<td>a Mail solicitations</td>
</tr>
<tr>
<td></td>
<td>b Internet and email solicitations</td>
</tr>
<tr>
<td></td>
<td>c Phone solicitations</td>
</tr>
<tr>
<td></td>
<td>d In-person solicitations</td>
</tr>
<tr>
<td></td>
<td>e Solicitation of non-government grants</td>
</tr>
<tr>
<td></td>
<td>f Solicitation of government grants</td>
</tr>
<tr>
<td></td>
<td>g Special fundraising events</td>
</tr>
<tr>
<td>2 a</td>
<td>Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>2 b</td>
<td>If &quot;Yes,&quot; list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**
Part II  Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Revenue</th>
<th>Direct Expenses</th>
<th>Net Income Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event 1</td>
<td>Gross receipts</td>
<td>Cash prizes</td>
<td></td>
</tr>
<tr>
<td>Event 2</td>
<td>Less: Contributions</td>
<td>Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>Other events</td>
<td>Gross income</td>
<td>Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food and beverages</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Entertainment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other direct expenses</td>
<td></td>
</tr>
</tbody>
</table>

Part III  Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Revenue</th>
<th>Direct Expenses</th>
<th>Net Gaming Income Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event 1</td>
<td>Gross revenue</td>
<td>Cash prizes</td>
<td></td>
</tr>
<tr>
<td>Event 2</td>
<td>Less: Contributions</td>
<td>Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>Other gaming</td>
<td>Gross income</td>
<td>Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food and beverages</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Entertainment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other direct expenses</td>
<td></td>
</tr>
</tbody>
</table>

9  Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states?  yes  no
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? yes  no
   b If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No
13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility
   b An outside facility
      ____________________________% 13a
      ____________________________% 13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶
   Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No
   b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____________ and the amount of gaming revenue retained by the third party ▶ $ _____________
   c If "Yes," enter name and address of the third party:
      Name ▶
      Address ▶
16 Gaming manager information:
      Name ▶
      Gaming manager compensation ▶ $ _____________
      Description of services provided ▶
      □ Director/officer □ Employee □ Independent contractor
17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
### General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
   - Yes [X]  
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Grants and Other Assistance to Domestic Organizations and Domestic Governments

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| FMYI, INC  
PO BOX 12168  
PORTLAND, OR 97212 | 20-5236952 | 93-1059146 | 501(C)(3) | 45,000 | 0 | CONTRACTED SERVICES | SELF ENHANCEMENT, INC. |
| PORTLAND COMMUNITY REINVESTMENT  
INITIATIVE - 6329 NE MARTIN LUTHER KING JR., BLVD - PORTLAND, OR 97211 | 93-1059146 | 501(C)(3) | 45,000 | 0 | CONTRACTED SERVICES | CONTRACTED SERVICES |
| URBAN LEAGUE OF PORTLAND  
10 N. RUSSELL AVE  
PORTLAND, OR 97227 | 93-0395590 | 501(C)(3) | 45,000 | 0 | CONTRACTED SERVICES | CONTRACTED SERVICES |

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

LHA: For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III
Grants and Other Assistance to Domestic Individuals.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL CARE/FOOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RENT</td>
<td>1116</td>
<td>2,502,722</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOTELS</td>
<td>20</td>
<td>11,939</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSPORT</td>
<td>62</td>
<td>16,642</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>25</td>
<td>2,878</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV
Supplemental Information.
Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**EACH PROGRAM HAS WRITTEN GUIDELINES FOR PROVIDING ASSISTANCE. COORDINATORS AND CASE MANAGERS MUST ADHERE TO THESE GUIDELINES. PROGRAM MANAGERS CONDUCT PERIODIC FILE REVIEWS TO ASSURE COMPLIANCE WITH GUIDELINES. ORGANIZATION DETERMINED NUMBER OF RECIPIENTS BASED ON NUMBER OF PROGRAM PARTICIPANTS. AGENCY ALSO UNDERGOES AUDITS AND REVIEW OF RECORDS BY GRANTOR.**

**SCHEDULE I, PART IV**

**ORGANIZATION DETERMINED NUMBER OF RECIPIENTS BASED ON NUMBER OF PROGRAM**
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTILITIES</td>
<td>29</td>
<td>36,817</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOTHING</td>
<td>125</td>
<td>28,334</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>500</td>
<td>195,632</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STUDENT SUPPORT</td>
<td>223</td>
<td>37,227</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEBT</td>
<td>72</td>
<td>96,972</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FURNITURE</td>
<td>110</td>
<td>140,700</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUTO REPAIR/MAINT</td>
<td>6</td>
<td>7,748</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPLICATION FEES</td>
<td>173</td>
<td>10,462</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFANT/CHILD SUPPLIES</td>
<td>39</td>
<td>9,668</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of grant or assistance</td>
<td>Number of recipients</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>STORAGE</td>
<td>16</td>
<td>3,873</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOVING EXPENSES</td>
<td>18</td>
<td>4,916</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PARTICIPANTS.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

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________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Part I  Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel  ☐ Housing allowance or residence for personal use
☐ Travel for companions  ☐ Payments for business use of personal residence
☐ Tax indemnification and gross-up payments  ☐ Health or social club dues or initiation fees
☐ Discretionary spending account  ☐ Personal services (such as, maid, chauffeur, chef)

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee  ☐ Written employment contract
☐ Independent compensation consultant  ☐ Compensation survey or study
☐ Form 990 of other organizations  ☐ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule J (Form 990) 2017
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) TONY L. HOPSON SR</td>
<td>(i) 217,862.</td>
<td>(ii) 54,000.</td>
<td>(iii) 0.</td>
<td>(iv) 8,100.</td>
<td>(v) 22,947.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO, EXEC COMM, DEV COMM</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
<tr>
<td></td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>(iv) 0.</td>
<td>(v) 0.</td>
</tr>
</tbody>
</table>
PART I, LINE 1A:

HEALTH CLUB MEMBERSHIP DUES, TONY HOPSON, SR. PRESIDENT AND CEO–TREATED AS TAXABLE INCOME.
## Part I: Types of Property

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
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<tr>
<td>3 Art - Fractional interests</td>
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<tr>
<td>4 Books and publications</td>
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<tr>
<td>5 Clothing and household goods</td>
<td>X</td>
<td>19</td>
<td>79,547. DETERMINED BY DONOR</td>
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<tr>
<td>6 Cars and other vehicles</td>
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<tr>
<td>7 Boats and planes</td>
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<tr>
<td>8 Intellectual property</td>
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<tr>
<td>9 Securities - Publicly traded</td>
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<td>10 Securities - Closely held stock</td>
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<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12 Securities - Miscellaneous</td>
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<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
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<td>14 Qualified conservation contribution - Other</td>
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<td>15 Real estate - Residential</td>
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<td>16 Real estate - Commercial</td>
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<td>17 Real estate - Other</td>
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<td>18 Collectibles</td>
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<td>19 Food inventory</td>
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<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
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<tr>
<td>21 Taxidermy</td>
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<tr>
<td>22 Historical artifacts</td>
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<tr>
<td>23 Scientific specimens</td>
<td></td>
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<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
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<tr>
<td>25 Other (BUS TICKETS/C)</td>
<td>X</td>
<td>19</td>
<td>19,988. DETERMINED BY DONOR</td>
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<tr>
<td>26 Other (OTHER DONATION)</td>
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<tr>
<td>27 Other</td>
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<tr>
<td>28 Other</td>
<td></td>
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</tbody>
</table>

### Noncash Contributions

- **Self Enhancement, Inc.**
- **Employer identification number:** 93-1086629

### 2017

- **Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donor Acknowledgement:** 29

### Additional Information

- **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  
  - **Yes:** X

- **31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  
  - **Yes:** X

- **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
  - **Yes:** X

- **33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
SCHEDULE M, PART I, COLUMN (B):

NIKE DONATED SHOES, CLOTHING AND OTHER APPAREL ITEMS. NIKE ALSO CONTRIBUTED BIKES AND HELMETS FOR OUR YOUTH PROGRAM. CONTRIBUTED ITEMS DONATED TO YOUTH AND COMMUNITY AS A PART OF THE MISSION OF THE ORGANIZATION.

TRI-MET DONATED $19,988 IN BUS FARE TICKETS TO BE DISTRIBUTED TO YOUTH AND FAMILY.
SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
SELF ENHANCEMENT, INC.

Employer identification number
93-1086629

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENHANCING THE QUALITY OF COMMUNITY LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COMPREHENSIVE (SUMMER, IN-SCHOOL, AND AFTER-SCHOOL); AND OFFERED ON A CONTINUUM (SERVING STUDENTS FROM AGE 8 THROUGH 25). EACH STUDENT IS ASSIGNED TO A COORDINATOR WHO MONITORS THE STUDENT'S ATTENDANCE, BEHAVIOR, AND ACADEMIC ACHIEVEMENTS.

AN INDIVIDUAL SUCCESS PLAN IS CREATED FOR EACH STUDENT THAT SETS ACADEMIC, PERSONAL, AND SOCIAL GOALS. ACADEMIC SUPPORT, ARTS EXPERIENCES, RECREATION ACTIVITIES, COMMUNITY SERVICE OPPORTUNITIES, LEADERSHIP TRAINING, AND SOCIAL AND LIFE SKILLS CLASSES ARE OFFERED THROUGH THE AFTER-SCHOOL PROGRAM. AN INTENSIVE 5-WEEK SUMMER PROGRAM HELPS KEEP STUDENTS ENGAGED YEAR-ROUND. DURING THE 2014-15 SCHOOL-YEAR, SELF ENHANCEMENT SERVED NEARLY 1,200 STUDENTS IN THE CORE PROGRAM AND 97% OF THE SENIOR CLASS GRADUATED FROM HIGH SCHOOL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SUCH AS HOUSING AND ENERGY ASSISTANCE. SELF ENHANCEMENT CURRENTLY SERVES OVER 7,500 INDIVIDUALS AND FAMILIES FOR ALL AGE GROUPS THROUGH COMMUNITY AND FAMILY PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMMING INCLUDES CAPACITY BUILDING PROGRAMS

EXPENSES $ 906,129. INCLUDING GRANTS OF $ 0. REVENUE $ 0.
FORM 990, PART VI, SECTION A, LINE 2:

TONY HOPSON SR. IS MARRIED TO CARLA PENN-HOPSON, AND THE FATHER OF TWO
ACTIVE EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AT A REGULARLY SCHEDULED
MEETING PRIOR TO FILING WITH THE IRS. COPIES OF THE RETURN WILL BE
DISTRIBUTED VIA E-MAIL TO ALL OFFICERS & DIRECTORS FOR REVIEW PRIOR TO
FILING WITH THE IRS.

FORM 990, PART VIII, LINE 24E

24E, FACILITIES EXPENSE ALLOCATION

PROGRAM MANAGEMENT FUNDRAISING

205,925 -272,355 11,223

FORM 990, PART VI, SECTION B, LINE 12C:

REVIEW OF POTENTIAL CONFLICTS FOR BOARD OF DIRECTORS IS DONE BY THE
EXECUTIVE COMMITTEE. REVIEW OF POTENTIAL CONFLICTS FOR STAFF IS DONE BY
HUMAN RESOURCES.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE
COMMITTEE OF THE BOARD WHICH MAKES A RECOMMENDATION TO THE FULL BOARD FOR
APPROVAL. COMPARATIVE ANALYSIS IS COMPLETED BY THE CHAIR OF THE BOARD
USING NATIONAL SURVEY DATA FOR COMPARABLE NON-PROFIT ORGANIZATIONS.

MINUTES OF THE EXECUTIVE COMMITTEE ARE MAINTAINED.
FORM 990, PART VI, SECTION C, LINE 19:
The organization's governing documents, conflict of interest policy, and financial statements are available upon request.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
Transfer of SEI Academy assets upon dissolution $31,113.

FORM 990, PART XI, LINE 2C
The process has not changed from the prior year.
**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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</tbody>
</table>

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF ENHANCEMENT FOUNDATION - 93-1312090</td>
<td>SUPPORT SELF ENHANCEMENT, INC. THROUGH MANAGEMENT OF ENDOWMENT FUNDS</td>
<td>ORBON</td>
<td>501(c)(3)</td>
<td>LINE 12B, II</td>
<td>SELF ENHANCEMENT, INC.</td>
<td>No</td>
</tr>
<tr>
<td>3920 N KERBY AVENUE</td>
<td>PORTLAND, OR 97227</td>
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</tr>
<tr>
<td>SELF ENHANCEMENT INC NATIONAL - 90-0524343</td>
<td>SUPPORT SELF ENHANCEMENT, INC.</td>
<td>ORBON</td>
<td>501(c)(3)</td>
<td>LINE 7</td>
<td>SELF ENHANCEMENT, INC.</td>
<td>Yes</td>
</tr>
<tr>
<td>3920 N KERBY AVENUE</td>
<td>PORTLAND, OR 97227</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### Part IV
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Percentage ownership</th>
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</table>
**Schedule R (Form 990) 2017**

**SELF ENHANCEMENT, INC.**

93-1086629

**Part V 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.

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?

   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF ENHANCEMENT FOUNDATION</td>
<td>C</td>
<td>1,213,881.</td>
<td>ACTUAL TRANSFER</td>
</tr>
<tr>
<td>SELF ENHANCEMENT FOUNDATION</td>
<td>E</td>
<td>3,461,115.</td>
<td>LOAN VALUE</td>
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</table>
## Unrelated Organizations Taxable as a Partnership

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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2017
Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.