			** PUBLIC DISCLOSURE COPY		_					
	0	00	Return of Organization Exempt Fro			OMB No. 1545-0047				
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co							
		of the Treasury	Do not enter social security numbers on this form as in the security of the security numbers on this form as in the security of the securit	-	-	Open to Public Inspection				
		nue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2021 and end		UN 30, 2022	поресцоп				
Β	heck if	C Name of	organization		D Employer identific	ation number				
a 	pplicab ⊣Addre									
	Chang Name		ENHANCEMENT, INC.		02 10000	20				
F	_chang_ Initial ך	ge Doing bi	Jsiness as		93-108662					
-	_return Final	3920	and street (or P.O. box if mail is not delivered to street address) Roo N KERBY AVENUE	om/suite	E Telephone number 503-249-1					
	⊥return termii ated	//	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	41,982,468.				
	Amen		LAND, OR $97227-1255$		H(a) Is this a group re					
	Applie tion	^{ca-} F Name a	nd address of principal officer: TONY L. HOPSON SR		for subordinates					
	pendi	SAME .	AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status:		527		list. See instructions				
			SELFENHANCEMENT.ORG		H(c) Group exemption					
	orm o	f organization: [Summarv	X Corporation Trust Association Other ►	L Year o	of formation: 1992 N	State of legal domicile: OR				
FC			e the organization's mission or most significant activities: SELF E	ΝΠΖΝ						
e	1		UNDERSERVED YOUTH TO REALIZE THEIR			DICATED TO				
Governance	2	Check this box				ets.				
ver										
	4	19								
se Se	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2021 (Part V, line 2a)		343					
vitie	6	Total number	of volunteers (estimate if necessary)		6	100				
Activities			business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
		Oantributiana			Prior Year 37,537,625.	Current Year 41,875,932.				
an	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		<u>37,337,023</u> . 0.	<u>41,075,952</u> 0.				
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		-85,881.	17,680.				
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,301,716.	88,856.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,753,460.	41,982,468.				
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		4,896,005.	3,577,844.				
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>10,558,489.</u>	12,509,929.				
ens	16a	Professional fu	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,575,541</u>		0.	0.				
Expenses	b	Total fundraisi			6,151,393.	8 000 022				
			es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,605,887.	<u>8,000,022</u> . 24,087,795.				
	18 19		expenses. Subtract line 18 from line 12		17,147,573.	17,894,673.				
LC N		10001001001035			ginning of Current Year	End of Year				
lanc	20	Total assets (F	Part X, line 16)		28,150,324.	44,480,253.				
Net Assets or	21		(Part X, line 26)		4,306,327.	2,741,583.				
			und balances. Subtract line 21 from line 20		23,843,997.	41,738,670.				
	nrt II	Signature								
			declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is				
true	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.					

Sign	Signature of officer			Date					
Here		F FINANCIAL OFFICER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	SANG AHN			self-employed P00540880					
Preparer	Firm's name MCDONALD JACOBS ,			Firm's EIN 🕨 93-0900579					
Use Only	Firm's address 520 SW YAMHILL S	T., STE 500							
PORTLAND, OR 97204 Phone no. (503) 227-05									
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) SELF ENHANCEMENT, INC. 93-1086629 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SELF ENHANCEMENT, INC. (SEI) IS DEDICATED TO GUIDING UNDERSERVED YOUTH
	TO REALIZE THEIR FULL POTENTIAL. WORKING WITH SCHOOLS, FAMILIES AND
	PARTNER COMMUNITY ORGANIZATIONS, SEI PROVIDES SUPPORT, GUIDANCE, AND
	OPPORTUNITIES TO ACHIEVE PERSONAL AND ACADEMIC SUCCESS. SEI BRINGS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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 X 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
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$ 8,026,656. including grants of \$ 435,335.) (Revenue \$
4a	(Code:) (Expenses \$ 8,026,656. including grants of \$ 435,335.) (Revenue \$ YOUTH SERVICES
	SELF ENHANCEMENT INC. IS ONE OF THE NATION'S MOST COMPREHENSIVE AND
	SUCCESSFUL YOUTH DEVELOPMENT ORGANIZATIONS. SELF ENHANCEMENT HAS A 40
	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; (SCH O)
4b	(Code:) (Expenses \$4, 183, 736 •including grants of \$578, 668 • .) (Revenue \$
-10	SCHOOLS UNITING NEIGHBORHOOD YOUTH PROGRAM
	SELF ENHANCEMENT SERVES NEARLY 5,000 YOUTH EACH YEAR, THROUGH A VARIETY
	OF PROGRAMS. SELF ENHANCEMENT MANAGES 18 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 \$ 7,214,929. including grants of \$ 2,540,353.) (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 (CONT SCH O) WITH
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 301,670. including grants of \$ 23,488.) (Revenue \$)
4e	Total program service expenses 19,726,991.
	Form 990 (202
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	3
505	2021.05080 SELF ENHANCEMENT, INC. 8338
	•

 Form 990 (2021)
 SELF ENHANCEMENT, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	├───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	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,			<u> </u>
'	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			
Ū	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 donor-restricted endowments			
	or in 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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	L
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? 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
	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		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	v	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<u> </u>	x
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		<u> </u>
5	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	<u> </u>		<u>_</u>
	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. See instructions	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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
132003	12-09-21	Form	AAO ((2021)

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 Form 990 (2021)
 SELF
 ENHANCEMENT
 INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	<u> </u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		55		L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 335			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	L
132004	- 12-09-21	Form	990	(2021)

^{2021.05080} SELF ENHANCEMENT, INC. 8338__1

Form	990 (2021) SELF ENHANCEMENT, INC.		93-1086	629	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
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	2 a	343		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	<u> </u>
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	IS		-		v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		├───
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a farcian country (such as a back account accurities account as other financial		•	40		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	accour	ių :	4a		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	te (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. ,	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					<u> </u>
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	99 as required?	7g	N/	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	le a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		/-			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		──
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / A	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		IN / A	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D		13b	1			
•	organization is licensed to issue qualified health plans	13D				
	Enter the amount of reserves on hand	•		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					<u> </u>
15	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.		······			
132005	12-09-21 6			Form	990	(2021)
	10 781409 8338 2021.05080 SELF ENH	ANCI	EMENT, INC.			38_́

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Form 990 (2	2021
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Part VI	Governance, Management, and Disclose	ure. For each "Yes"	' response to lines 2 through	7b below, and for a "No"	' response
	to line 8a, 8b, or 10b below, describe the circumstand				

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u></u>	<u></u> .		X			
Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		19						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other							
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervisio	n						
					3		X X			
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 ass	ets?			5		X			
6	Did the organization have members or stockholders?				6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?				7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or							
	persons other than the governing body?				7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•							
	The governing body?				<u>8a</u>	Х				
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
						Yes				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the	form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X X				
b	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," c	describe							
	on Schedule O how this was done				12c	Х				
13	Did the organization have a written whistleblower policy?				13	Х				
14	Did the organization have a written document retention and destruction policy?				14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	l by in	Idependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				15a	Х				
b	Other officers or key employees of the organization				15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a							
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	D-T (section	501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explained)	n on S	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest p	olicy, and	finano	cial				
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records	▶						
	MARIET STEENKAMP - 503-249-1721									
	3920 N KERBY AVENUE, PORTLAND, OR 97227-1255					-				
132006	12-09-21				Form	990	(2021			
	7									

2021.05080 SELF ENHANCEMENT, INC. 8338___1

Form 990 (2021) SELF ENHANCEMENT, INC.	93-1086629	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		Jigu	mza			ipen	oute			(5)
(A)	(B)			(ע פספ	C)			(D)	(E)	(F)
Name and title	Average		not cl	heck	Position neck more than one			Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruster	trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	lual ti	tiona		loy	st cor	_	1000 NEO)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TONY L. HOPSON SR	40.00	_		0	-		4			
PRESIDENT & CEO	2.00			х				384,767.	0.	25,141.
(2) LIBRA FORDE	40.00									
C00				Х				176,215.	0.	22,203.
(3) MARIET STEENKAMP	40.00									
CFO				Х				141,884.	0.	13,056.
(4) CARLA PENN-HOPSON	40.00									
SUSTAINABILITY OFFICER						X		136,089.	0.	4,807.
(5) BILL MITCHELL	1.00								0	0
MEMBER	1 0 0	Х		Х				0.	0.	0.
(6) BRYAN STEELMAN	1.00								0	0
RESOURCE DEVELOPMENT COMM	1 0 0	Х						0.	0.	0.
(7) BRUCE SOUTHWORTH	1.00								0	0
FINANCE COMMITTEE	1 00	X						0.	0.	0.
(8) DAVID MCCULLOCH	1.00								0	0
MEMBER	1 00	X						0.	0.	0.
(9) JAN TURNER	1.00	37		37					0	0
BOARD DEVELOPMENT COMM	1 00	Х		Х				0.	0.	0.
(10) JESSE WELCH	1.00	v						0	0	0
MEMBER (11) KAROLYN NEUPERT GORDON	1.00	Х						0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(12) KATE WILKINSON	1.00	Δ							0.	<u>0.</u>
MEMBER	1000	х						0.	0.	0.
(13) KEN NAGEL	1.00									
MEMBER		х						0.	0.	0.
(14) KIOSHA FORD	2.00									
GOVERNMENT RELATIONS COMM, RESOURCE		х						0.	Ο.	0.
(15) LOLENZO POE	4.00									
BOARD CHAIR, GVT RELATIONS COMM, BOA		Х						0.	0.	0.
(16) LYNN OGDEN	1.00									
BOARD DEVELOPMENT COMM		Х						0.	0.	0.
(17) MARK WALLER	2.00									
BOARD DEVELOPMENT COMM CHAIR; BOARD		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B)			(C)					(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	e Estimated			ed	
	hours per	box, unless person is both an			an	compensation	compensatior	n	am	ount	of		
	week		cer an	d a di	irecto	r/trus [.] I	tee)	from	from related		C	other	
	(list any	ector						the	organizations			oensa	
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	C/		om th	
	related organizations	stee	truste			pens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	below	ıal tru	onal		ploye	ee com		1099-NEC)				l relat	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
(18) MILES DAVIS	1.00	_	_	-	-								
MEMBER		Х						0.		0.			0.
(19) MORGAN BELTZ	2.00												
GVT RELATIONS COMM, BOARD DEVELOPMEN		Х						0.		0.			0.
(20) ORLANDO WILLIAMS	1.00												
MEMBER		Х						0.		0.			0.
(21) RAY EDWARDS	1.00												•
MEMBER	1 00	Х						0.		0.			0.
(22) REGGIE GUYTON MEMBER	1.00	х						0.		0.			0.
(23) SHAUNCEY MASHIA	2.00	Λ						0.		<u>.</u>			0.
RESOURCE DEVELOPMENT CHAIR, BOARD EX	2.00	х						0.		0.			Ο.
(24) TRACY CURTIS	1.00												
MEMBER		х						0.		0.			Ο.
(25) TRANG SUMPTER	2.00												
FINANCE COMMITTEE CHAIR, BOARD EXECU		х						0.		0.			Ο.
(26) VANESSA MORGAN	1.00												
MEMBER		Х						0.		0.			0.
1b Subtotal								838,955.		0.	65	5,2	07.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								838,955.		0.	65	5,2	07.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													4
												Yes	No
3 Did the organization list any former officer,													
										3		X	
4 For any individual listed on line 1a, is the su										-			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual			4	Х	
5 Did any person listed on line 1a receive or a							late	ed organization or individ	lual for services				
rendered to the organization? If "Yes." complete Schedule J for such a					bers	on .					5		Х
Section B. Independent Contractors									100.000 - (-				
 Complete this table for your five highest con the organization. Report compensation for the 	•	•							•	ensati	ion fro	m	
	ine calenual ye	are	inull	iy w							10	`	
	(A) (B) (C) Name and business address Description of services Compensation											n	

METROPOLITAN FAMILY SERVICES SUBRECIPIENT FOR GOV 230 NE 2ND AVE #2, HILLSBORO, OR 97124 GRANT, ASSIST CLIEN 379,275. WALSH CONSTRUCTION CO. LOBBY REMODEL 2905 SW 1ST AVE., PORTLAND, OR 97207 SERVICES 299,790. PORTLAND OPPORTUNITIES INDUSTRIALIZATION CE SUBRECIPIENT FOR GOV 717 N KILLINGSWORTH CT, PORTLAND, OR 97217 GRANT, ASSIST CLIEN 274,331. Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 10

Form 990 (2021)

960,886.

908,441.

132008 12-09-21

LATINO NETWORK

410 NE 18TH AVE, PORTLAND, OR 97232

10301 NE GLISAN ST, PORTLAND, OR 97220

IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATIO

SUBRECIPIENT FOR GOV

GRANT, ASSIST CLIEN

SUBRECIPIENT FOR GOV

GRANT, ASSIST CLIEN

	<u>n 990 (</u>		ENT, INC.	•		93-1086	629 Page 9
Ра	rt VII						_
		Check if Schedule O contains a response of	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
				(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
							sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Gra Jou	b	Membership dues 1b					
ts, An	c	Fundraising events 1c Related organizations 1d	706,596.				
Gif	d		2754494.				
Sin's	e	č ()	2/344940				
utic	, T	All other contributions, gifts, grants, and similar amounts not included above 1f 1	8414842.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g \$1,	018,332.				
Con	9 h	Total. Add lines 1a-1f	<u>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ </u>	41875932.			
<u> </u>			Business Code				
e	2 a						
e د د اد	b						
Sei	с						
am eve	d						
Program Service Revenue	е						
Ъ	f	All other program service revenue					
	g		🕨				
	3	Investment income (including dividends, interes	· .	17 600			17 600
	_	other similar amounts)		17,680.			17,680.
	4	Income from investment of tax-exempt bond pr	· · · · ·				
	5	Royalties(i) Real	(ii) Personal				
	C -		(ii) Fersonai				
	6 a	Gross rents6a18,011.Less: rental expenses6b0.					
	b c	Rental income or (loss) 6c 18,011.					
	d	Net rental income or (loss)		18,011.			18,011.
		Gross amount from sales of (i) Securities	(ii) Other				10,0110
	7 4	assets other than inventory 7a					
	b	Less: cost or other basis					
е		and sales expenses 7 b					
evenue	с	Gain or (loss) 7c					
	d	Net gain or (loss)	►				
Other R	8 a	Gross income from fundraising events (not including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	с	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b						
			····· ►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory	Business Code				
snu	11 a	MISCELLANEOUS INCOME	900099	70,845.			70,845.
neo	b						
ella	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	►	70,845.			
	12	Total revenue. See instructions		41982468.	0.	0.	
13200	9 12-09	-21					Form 990 (2021)

SELF ENHANCEMENT, Part IX Statement of Functional Expenses

D -	Check if Schedule O contains a response	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	3,577,844.	3,577,844.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors,	862,036.	670,972.	120,603.	70,461
6	trustees, and key employees Compensation not included above to disqualified	002,030.	010,512.	120,0051	/0,401
0	persons (as defined under section 4958(f)(1)) and				
	$r_{\rm excess}$ described in section $40E0(s)(0)(D)$				
7		8,981,589.	6,990,880.	1,256,571.	734,138
B	Other salaries and wages Pension plan accruals and contributions (include	-,,,	-,,	_,,_,_,	, , , , , , , , , , , , , , , , , , , ,
	section 401(k) and 403(b) employer contributions)	205,375.	159,855.	28.733.	16.787
9	Other employee benefits	1,424,914.	1,109,091.	28,733. 199,353.	<u> 16,787</u> 116,470
0	Payroll taxes	1,036,015.	806,389.	144,944.	84,682
1	Fees for services (nonemployees):			/_	,
	Management				
	Legal	63,222.	44,999.	18,223.	
	Accounting	57,918.	,	57,918.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	334,998.	129,936.	41,663.	163,399
2	Advertising and promotion	144,490.	2,601.	10.	<u> 163,399</u> 141,879
3	Office expenses	209,073.	94,671.	54,772.	59,630
4	Information technology	372,381.	108,893.	240,627.	22,861
5	Royalties				
6	Occupancy	139,342.	139,342.		
7	Travel	164,112.	144,555.	845.	18,712
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	46,666.	34,659.	12,007.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	301,681.	607.	301,074.	
3	Insurance	130,992.	84,266.	9,818.	36,908
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	CONTRACT SERVICES	3,545,495.	3,529,885.	13,110.	2,500
b	EVENTS AND ACTIVITIES	1,176,397.	1,150,907.	15,970.	9,520
ĉ	EXPENSE ALLOCATIONS	865,590.	701,156.	133,037.	31,397
d	EQUIPMENT AND BUILDING	289,882.	225,135.	45,635.	19,112
	All other expenses	157,783.	20,348.	90,350.	47,085
5	Total functional expenses. Add lines 1 through 24e	24,087,795.	19,726,991.	2,785,263.	1,575,541
3	Joint costs. Complete this line only if the organization				- •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here b if following SOP 98-2 (ASC 958-720)				

INC.

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	3	Pledges and grants receivable, net			12,591,519.	3	23,933,461.
	4	Accounts receivable, net			3,061,360.		4,026,049.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		F		5	
	6	Loans and other receivables from other disqualif	-				
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	323,000.
Assets	8	Inventories for sale or use				8	
As	9	—			139,918.	9	240,471.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,837,907.			
	b	Less: accumulated depreciation	10b	5,660,997.	6,029,786.	10c	7,176,910.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	I 1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	91,903.	15	11,070.		
	16	Total assets. Add lines 1 through 15 (must equa	28,150,324.	16	44,480,253.		
	17	Accounts payable and accrued expenses	1,747,360.	17	1,963,613.		
	18	Grants payable		18			
	19	Deferred revenue	66,403.	19	248,311.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		F		22	
.iab			controlled entity or family member of any of these persons				
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	495,000.	23	529,659.
	24	Unsecured notes and loans payable to unrelated		Г	1,997,564.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines				05	
	26	of Schedule D Total liabilities. Add lines 17 through 25		····· -	4,306,327.	25 26	2,741,583.
	20	Organizations that follow FASB ASC 958, che	ck her		4,500,5270	20	2,711,505.
se		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			7,423,433.	27	8,436,219.
Balances	28	Net assets with donor restrictions	16,420,564.	28	33,302,451.		
	20	Organizations that do not follow FASB ASC 9					
Fur		and complete lines 29 through 33.	,				
o.	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq			30		
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund	32	Total net assets or fund balances			23,843,997.	32	41,738,670.
~	33	Total liabilities and net assets/fund balances	<u></u>		28,150,324.	33	44,480,253.
							Form 990 (2021)

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B) End of year

1,940,210.

6,829,082.

(A) Beginning of year

1,910,412.

4,325,426.

1

2

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1

2

Part X | Balance Sheet

Form	990 (2021) SELF ENHANCEMENT, INC.	93-	<u>1086</u>	<u>629</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,98		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		,89		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	,84	3,9	97.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	41	,73	8,6	70.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			1
	Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	X	1

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	
Open to Public Inspection	

Nar	ne of t	identification number											
			ENHANCEMEI						3-1086629				
Pa	art I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization						ii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental unit	t describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	\square	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
•		section 170(b)(1)(A)(vi). (Co			onna gora			gonorar					
8		A community trust describe		1)(A)(vi) (Complete Par	+ II)								
9	\square	An agricultural research org				ad in coniu	unction with a la	ndarant	college				
3		or university or a non-land-g											
			frank college of agrici			lame, ony	, and state of th	le college					
10		university: An organization that normal	Illy reacives (1) mare	than 22 1/20/ of its sum	art from a	ontribution	a mambarabia	face and	d areas ressints from				
10													
		activities related to its exem											
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	Inter June 30, 1975.				
		See section 509(a)(2). (Cor											
11	\square	An organization organized a	-	•	•								
12		An organization organized a	•	•	•				• •				
		more publicly supported org	-						check the box on				
		lines 12a through 12d that o						-					
a		Type I. A supporting orga	-	-	• • • •	-							
		the supported organization			majority o	of the direc	tors or trustees	of the su	ipporting				
		organization. You must c											
k		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported				
		_ organization(s). You mus	t complete Part IV,	Sections A and C.									
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
c	1 L	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supporte	d organiz	zation(s)				
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and a	n attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .						
e	,	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
ç	Prov	vide the following information	about the supporte										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of m	-	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)				
Tot	al												
_	-												

Part I	Su	p	por

Schedule A (Form 990) 2021

SELF ENHANCEMENT, INC.

93-1086629 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	16603665.	23078834.	18261943.	37537625.	41875932.	137357999
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	1	02070024	10061040		41085000	1202000
	Total. Add lines 1 through 3	16603665.	23078834.	18261943.	37537625.	41875932.	137357999
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)						27337166.
	Public support. Subtract line 5 from line 4.						110020833
	ction B. Total Support		1	1	Г	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	16603665.	23078834.	18261943.	37537625.	41875932.	137357999
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	8,309.	23,368.	54,564.	11,469.	35,691.	133,401.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	850,764.	<u>1081881.</u>	780,358.	1295602.	70,845.	4079450.
11	Total support. Add lines 7 through 10						141570850
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto		•				
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (•			14	77.71 %
	Public support percentage from 2020					15	84.26 %
1 6a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•		•		
b	o 10% -facts-and-circumstances test	: - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		-		• •		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a		
						Schedule A	(Form 990) 2021

SELF	ENHANCEMENT,	INC.

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						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
check this box and stop here	0			·		
Section C. Computation of Publ						
15 Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	021 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	e organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizat	ion ►
20 Private foundation. If the organization	on did not check a	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see ins	structions	>
132023 01-04-22					Sched	ule A (Form 990) 2021
		16				

10

SELF ENHANCEMENT,

1

Yes No

Part IV | Supporting Organizations

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

INC.

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

132024 01-04-21

Schedule A	(Form 990) 2021	
Part IV	Supporting O	r

SELF ENHANCEMENT, INC

1

Supporting Organizations (continue Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-		,a, (000

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	. Describe in Part VI how	you supported a governmental	entity (see instruction <u>s).</u>
-----	--	---------------------------	------------------------------	------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

16150510 781409 8338

18

Ра	rt v Type III Non-Functionally integrated 509(a)(5) Support	ing Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1 a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6		1	
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see	
	, , ,	, ,		`	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

SELF ENHANCEMENT, INC

2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	······································		8	
9	Distributable amount for 2021 from Section C. line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	•	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8					
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				
				50	hedule A (Form 990) 2021

Current Year

1

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

Schedule A	(Form 990) 2021 SELI	F ENHANCEMENT, INC.	93-1086629 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa (See instructions.)	• Provide the explanations required by Part II, line 1 c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; art V, Section E, lines 2, 5, and 6. Also complete this	I0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.
			. .
132028 01-04-2	22	21	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

3-108662	29	
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	SELF ENHANCEMENT, INC.	9:					
Organization type (cheo	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	\fbox 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

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

SELF ENHANCEMENT, INC.

. .

93-1086629

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>6,291,381.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 4,374,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,135,062.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>2,263,716.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,012,396.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	-21		Schedule B (Form 990) (2021)

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8338___1

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

93-1086629

SELF ENHANCEMENT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$998,943	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,827,152.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990) (2021)

8338___1

(Complete Part II for noncash contributions.)

Page **2**

25 2021.05080 SELF ENHANCEMENT, INC.

123452 11-11-21

16150510 781409 8338

Name of organization

Page 3

SELF ENHANCEMENT, INC.

Employer identification number

93-1086629

art II	Noncash Property (see instructions). Use duplicate copies of P	art ii ii additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2021.05080 SELF ENHANCEMENT, INC. 8338___1

Name of o	rganization		Employer identification nur		
SELF I	ENHANCEMENT, INC.		93-1086629		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	h) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the		
(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, a	nd ZIP + 4	Relationship of transferor to transferee		
(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, a	nd ZIP + 4	Relationship of transferor to transferee		
(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, a		Relationship of transferor to transferee		
(a) No. from					
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, a	nd ZIP + 4	Relationship of transferor to transferee		
23454 11-11	1-21	27	Schedule B (Form 990)		

2021.05080 SELF ENHANCEMENT, INC. 8338___1

SCHEDULE C	Po	litical Campaign	and Lobbyin	ng Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incon	- Tax Under section	501(c) and section 50	07	2021
		if the organization is describe				
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for			50°L2.	Open to Public Inspection
•		Form 990, Part IV, line 3, or Fo		ne 46 (Political Camp	aign Act	ivities), then
		plete Parts I-A and B. Do not co	•			
		11(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Parl	t I-B.	
Section 527 organiza			000 EZ D			
		Form 990, Part IV, line 4, or Fo				
()() C		nave filed Form 5768 (election ur nave NOT filed Form 5768 (electi	()//	•	•	
	•	Form 990, Part IV, line 5 (Prox	,	" 1		
Tax) (See separate inst						
• Section 501(c)(4), (5)	, or (6) organizat	ions: Complete Part III.				
Name of organization					Employe	er identification number
	SELF EN	HANCEMENT, INC.				93-1086629
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 52	?7 orga	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.		
2 Political campaign a	activity expendit	ures			▶\$_	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ate if the ora	anization is exempt und	er section 501(c)(3)		
•		•			▶\$	
		incurred by the organization und incurred by organization manage			· —	
		n 4955 tax, did it file Form 4720				Yes No
4a Was a correction m						Yes No
b If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt und	er section 501(c),	except section 5	501(c)(3	j.
1 Enter the amount d	irectly expended	l by the filing organization for se	ction 527 exempt func	tion activities	.►\$_	
2 Enter the amount of	f the filing organ	ization's funds contributed to ot	her organizations for se	ection 527		
exempt function ac	tivities				▶\$_	
•	•	. Add lines 1 and 2. Enter here a		,		
					▶\$_	
00						Yes No
		ployer identification number (Ell tion listed, enter the amount paid				
	-	omptly and directly delivered to a				-
		additional space is needed, prov			pulate of	sgregated fand of a
(a) Name	2	(b) Address	(c) EIN	(d) Amount paid f	from	(e) Amount of political
(a) Name				filing organizatio		ontributions received and
				funds. If none, ente	er -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
For Paperwork Reducti	ion Act Notice.	see the Instructions for Form 9	90 or 990-EZ.		Sch	edule C (Form 990) 2021
LHA						

132041 11-03-21

	SUITE FUILTING	EMENT, INC.			086629 Page 2
Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	address. FIN.
- <u> </u>	re of excess lobbying			group monibor o name	, ddarooo, En (,
	, ,	nd "limited control" pro	visions apply.		
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
				101213	
1a Total lobbying expenditures to infl					
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add l				22,512,255.	
d Other exempt purpose expenditure Total exempt purpose expenditure				22,512,255.	
 f Lobbying nontaxable amount. Ent 				1,000,000.	
If the amount on line 1e, column (a)		bying nontaxable am		1,000,000	
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exce	ass over \$500.000		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,		<u>33 0vci ψ1,000,000.</u>		
	φ1,000,				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	ra ar laga antar O			0.	
i Subtract line 1f from line 1c. If zer				0.	
	<i>'</i>				
j If there is an amount other than ze	ero on either line 1h or				
j If there is an amount other than ze reporting section 4911 tax for this			ation file Form 4720	сГ	Yes No
•	year?	line 1i, did the organiza	ation file Form 4720	сГ	Yes No
•	year? 4-Year Ave hat made a section 5	line 1i, did the organiza eraging Period Under	ation file Form 4720 Section 501(h) nave to complete all o	[
reporting section 4911 tax for this	year? 4-Year Ave hat made a section 5 See the separ	line 1i, did the organiza eraging Period Under 01(h) election do not l	ation file Form 4720 Section 501(h) nave to complete all c nes 2a through 2f.)	[
reporting section 4911 tax for this	year? 4-Year Ave hat made a section 5 See the separ	line 1i, did the organiza eraging Period Under 01(h) election do not I ate instructions for lin	ation file Form 4720 Section 501(h) nave to complete all c nes 2a through 2f.)	[
reporting section 4911 tax for this (Some organizations t	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018	line 1i, did the organiza eraging Period Under 01(h) election do not I ate instructions for lin nditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all c les 2a through 2f.) ar Averaging Period (c) 2020	of the five columns be	elow. (e) Total
Calendar year (or fiscal year beginning in)	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018	line 1i, did the organiza eraging Period Under 01(h) election do not l ate instructions for lin nditures During 4-Yea (b) 2019	ation file Form 4720 Section 501(h) have to complete all c les 2a through 2f.) ar Averaging Period (c) 2020	of the five columns be	elow. (e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018	line 1i, did the organiza eraging Period Under 01(h) election do not l ate instructions for lin nditures During 4-Yea (b) 2019	ation file Form 4720 Section 501(h) have to complete all c hes 2a through 2f.) ar Averaging Period (c) 2020	of the five columns be	(e) Total
reporting section 4911 tax for this (Some organizations to Calendar year Calendar year (or fiscal year beginning in) Calendar year 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) Calendar year	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018 1,000,000.	line 1i, did the organiza eraging Period Under 01(h) election do not H ate instructions for lin nditures During 4-Yea (b) 2019 1,000,000.	tion file Form 4720 Section 501(h) have to complete all c hes 2a through 2f.) ar Averaging Period (c) 2020 1,000,000.	(d) 2021	elow. (e) Total 4 , 000 , 000 . 6 , 000 , 000 .
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018	line 1i, did the organiza eraging Period Under 01(h) election do not l ate instructions for lin nditures During 4-Yea (b) 2019	ation file Form 4720 Section 501(h) have to complete all c hes 2a through 2f.) ar Averaging Period (c) 2020	of the five columns be	(e) Total
Calendar year (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018 1,000,000.	line 1i, did the organiza eraging Period Under 01(h) election do not H ate instructions for lin nditures During 4-Yea (b) 2019 1,000,000.	tion file Form 4720 Section 501(h) have to complete all c hes 2a through 2f.) ar Averaging Period (c) 2020 1,000,000.	(d) 2021	elow. (e) Total 4 , 000 , 000 . 6 , 000 , 000 .
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	year? 4-Year Ave hat made a section 5 See the separ Lobbying Expe (a) 2018 1,000,000.	line 1i, did the organiza eraging Period Under 01(h) election do not H ate instructions for lin nditures During 4-Yea (b) 2019 1,000,000.	tion file Form 4720 Section 501(h) have to complete all c hes 2a through 2f.) ar Averaging Period (c) 2020 1,000,000.	(d) 2021	(e) Total 4,000,000. 6,000,000.
reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	4-Year Ave hat made a section 5 See the separ Lobbying Exper (a) 2018 1,000,000. 250,000.	line 1i, did the organiza eraging Period Under 01(h) election do not H ate instructions for lin nditures During 4-Yea (b) 2019 1,000,000.	tion file Form 4720 Section 501(h) have to complete all c hes 2a through 2f.) ar Averaging Period (c) 2020 1,000,000.	(d) 2021	(e) Total 4,000,000. 6,000,000.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de 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 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

	HEDULE D	Sunnlament	al Financial Statements	OMB No. 1545-0047
SC (Forn	2021			
(FOIT	1 990)	Part IV, line 6, 7, 8, 9, 10	ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
	ment of the Treasury I Revenue Service		 Attach to Form 990. 990 for instructions and the latest information. 	Open to Public Inspection
Nam	e of the organization		TNC	Employer identification number 93-1086629
Par	t I Organiza	SELF ENHANCEMENT , ations Maintaining Donor Advise	ed Funds or Other Similar Funds or Ac	Counts Complete if the
		n answered "Yes" on Form 990, Part IV, li		
	-		(a) Donor advised funds (k) Funds and other accounts
1	Total number at er	nd of year		
2		f contributions to (during year)		
3	Aggregate value of	f grants from (during year)		
4		end of year		
5	-		writing that the assets held in donor advised fund	
•			s exclusive legal control?	
6	Ũ	0 / /	advisors in writing that grant funds can be used or or donor advisor, or for any other purpose conferrir	,
	impermissible priva			
Par			rganization answered "Yes" on Form 990, Part IV,	
1		ervation easements held by the organizat		
	Preservation	of land for public use (for example, recrea	ation or education) Preservation of a histor	rically important land area
	Protection o	f natural habitat	Preservation of a certif	ied historic structure
		of open space		
2	•	.	ified conservation contribution in the form of a con	
	day of the tax year			Held at the End of the Tax Year
a		to to of the second second the second s		2a
b C	-		ructure included in (a)	2b 2c
			after 7/25/06, and not on a historic structure	
u				2d
3			eleased, extinguished, or terminated by the organiz	
	year 🕨			
4	Number of states v	where property subject to conservation ea	sement is located	
5	Does the organizat	tion have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	,	orcement of the conservation easements		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservatior	easements during the year
7			dling of violations, and enforcing concernation and	amonto during the year
7	► \$	es incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation eas	ements during the year
8		vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
-				
9			ion easements in its revenue and expense stateme	
	balance sheet, and	include, if applicable, the text of the foot	note to the organization's financial statements that	t describes the
Dec	organization's acc	ounting for conservation easements.		
Par			of Art, Historical Treasures, or Other Si	milar Assets.
		the organization answered "Yes" on Form		
1a	•		58, not to report in its revenue statement and bala blic exhibition, education, or research in furtherand	
		· ·	ancial statements that describes these items.	
b	· •		58, to report in its revenue statement and balance	sheet works of
	-	· · ·	c exhibition, education, or research in furtherance	
		ng amounts relating to these items:		
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets include	d in Form 990, Part X		▶ \$
2	•		easures, or other similar assets for financial gain, p	rovide
	-	Ints required to be reported under FASB A	-	
				► \$
			o for Form 000	Sobodulo D (Form 000) 2021
гця	гог нарегмогк Ке	eduction Act Notice, see the Instruction	19 101 FULIII 330.	Schedule D (Form 990) 2021

132051 10-28-21

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2021.05080	SELF	ENHANCEMENT,	INC.	8338	1

Sche	dule D (Form 990) 2021 SELF EN	HANCEMENT,	INC.				93-10	8662	9 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art,	, Historical Tre	easures, o	r Other	Similar	Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	following that	make sig	nificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exe	change progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	f art, historical trea	asures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered '	'Yes" on I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•					-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					•		
								Amoun	t	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T	Ending balance					1f				
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.		•			y?		Yes		_ No □
Par						<u></u>				
		(a) Current year	(b) Prior year	(c) Two year		d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance		(19) * **** 9 ****	(0)	(Judit (,	ouro paon	(0) + 00	jouro	Juon
h	Contributions									
c c	Net investment earnings, gains, and losses									
ь Р	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		(line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	-							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held a	and administer	ed for the	e organiza	ition			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par					-					
	Complete if the organization answere									
	Description of property	(a) Cost or ot	. ,	st or other	• •	cumulate	d	(d) Boo	k valu	е
		basis (investm	,	s (other)	aep	reciation	_		<u> </u>	<u> </u>
	Land			<u>38,262.</u>	4 0	02 7	7		<u>8,2</u>	
	Buildings		<u></u> ,02	25,803.	4,9	93,75) / •	6,03	⊿,04	40.
	Leasehold improvements		C	7 0/5	E	74 04	16	F	2 0	00
	Equipment			27,945. 95,897.	<u> </u>	74,04 93,19			3,89 2,70	
	Other						<u>/ 4 • </u>	$\frac{10}{7,17}$		
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>equal Form 990, Part X</u>	<u>. column (B), line :</u>	10c.)				$\frac{1}{1}$		

Schedule D (Form 990) 2021

132052 10-28-21

	SELF ENHAN Other Securities.			11b. See Form 990, Part X, lir	93-1086629 Page
(a) Description of security or cate	-		ok value		Cost or end-of-year market value
··· ···	gory (including name of security)				Cost of child of year market value
(2) Closely held equity interests					
(3) Other	·	-			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 99 Part VIII Investments -	Program Related.				
				11c. See Form 990, Part X, lin	
(a) Description o	investment	(b) Bo	ook value	(c) Method of valuation:	Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 99 Part IX Other Assets. Complete if the org	ganization answered "Yes			11d. See Form 990, Part X, lir	ne 15. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
Total. (Column (b) must equal F Part X Other Liabilitie		ine 15.)			
		s" on Form 990	0, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
	Description of liability			· · ·	(b) Book value
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal F					
2. Liability for uncertain tax po	sitions. In Part XIII, provid	de the text of t	the footnote to	the organization's financial st	tatements that reports the

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

Schedule D (Form 990) 2021

132053 10-28-21

16150510 781409 8338

	edule D (Form 990) 2021 SELF ENHANCEMENT, INC.		93-1086629	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	le 12a.	T	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		
5)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	atements With Expen		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta	n tements With Expen ne 12a.	5 ses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	n tements With Expen ne 12a.	5 ses per Return.	
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With Expen	5 ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expen	5 ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With Expen 12a. 2a 2b	5 ses per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	5 ses per Return.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5 ses per Return.	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	5 ses per Return.	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5 ses per Return.	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	5 ses per Return.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	5 ses per Return.	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other statements Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	5 ses per Return. 1 2e 3	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	5 ses per Return. 1 2e 3 3 4c	

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 ORGANIZATIONS FOLLOW THE PROVISIONS OF FASB ASC TOPIC 740 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.

132054 10-28-21

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SCHEDUI (Form 990		Go	irants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
	f the Treasury	Comp		Attach to For		111, inic 21 of 22.		Open to Public
Internal Rever	nue Service		Go to www.ir	s.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of th	he organization SELF ENHA	NCEMENT,	INC.					Employer identification number 93-1086629
Part I	General Information on Grants a	nd Assistance						
	s the organization maintain records ria used to award the grants or assis		•	,	• • • •	•	,	
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Par	: IV, line 21, for any
1 (a) №	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3) a er total number of other organization			e line 1 table	•		·	········· • ··········
	- Deperwork Reduction Act Nation							Sebedule I (Form 000) 2021

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

Schedule I (Form 990) 2021

SELF ENHANCEMENT, INC.

93-1086629

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PERSONAL CARE/FOOD	2015	487,485.	0.		
RENT	662	1,826,258.	٥.		
HOTELS	71	177,839.	0.		
TRANSPORT	318	22,634.	٥.		
ID	31	3,244.	0.		

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

Schedule I (Form 990) SELF ENHANCEM	93-1086629 Page 2					
Part III Continuation of Grants and Other Assistance to Don	nestic Individuals	(Schedule I (Form 99	90), Part III.)			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
UTILITIES	388.	179,359.	0.			
CLOTHING	228.	56,082.	0.			
MISCELLANEOUS	1,096.	78,952.	0.			
		00.240				
DEBT	52.	92,349.	0.			
FURNITURE	96.	190,986.	0.			
AUTO REPAIR/MAINT	25.	36,088.	0.			
APPLICATION FEES	55.	3,205.	0.			
INFANT/CHILD SUPPLIES	84.	38,340.	0.			
STORAGE	29.	7,621.	0.			

Schedule I (Form 990)

Schedule I (Form 990) SELF ENHANCE	93-1086629 Page					
Part III Continuation of Grants and Other Assistance to I	Domestic Individuals (Schedule I (Form 99	90), Part III.)		1	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
MOVING EXPENSES	53.	28,802.	0.			
STUDENT SUPPORT	89.	26,929.	0.			
AWARDS AND INCENTIVES	347.	213,027.	0.			
STIPENDS & SCHOLARSHIPS	170.	108,644.	0.			
						la I /F a was 0.00

Schedule I	(Form 990)	${\tt SELF}$
Part IV	Supplemental	Information

SELF ENHANCEMENT, INC.

PARTICIPANTS.

Schedule I (Form 990)

132291 04-01-21

sc	HEDULE J	I	OMB No.	1545-00	47	
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91		
	Compensated Employees		ZU	21	1	
Dena	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open t	o Publ	ic	
Interr	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			ection		
Nan	-	nployer io			mber	
	SELF ENHANCEMENT, INC.	93-1	08662	9		
Pa	rt I Questions Regarding Compensation			<u> </u>		
				Yes	No	
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 Barrandi for business of the busines					
	Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for companions Image: Travel for business use of personal residence Image: Travel for company for business use of personal residence Image: Travel for business use of personal residence Image: Travel for company for business use of personal residence Image: Travel for business use of personal residence Image: Travel for company for business use of personal residence Image: Travel for business use of personal residence Image: Travel for company for company for business use of personal residence Image: Travel for business use of personal residence Image: Travel for company fore					
		hof)				
	Discretionary spending account Personal services (such as maid, chauffeur, c	iner)				
h	If any of the bayes on line 1e are checked, did the organization follow a written policy recording neument or					
a	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		1b	x		
2			ar			
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?		2	X		
				- 23		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
5	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	0				
	establish compensation of the CEO/Executive Director, but explain in Part III.	.0				
	Image: Stabilish compensation of the CEO/Executive Director, but explain in Part III. Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee					
	Independent compensation consultant Independent compensation consultant					
	Form 990 of other organizations X Approval by the board or compensation communication communicatio	mittoo				
		millee				
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:					
а	Receive a severance payment or change-of-control payment?		4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				x	
c	Participate in or receive payment from an equity-based compensation arrangement?				X	
-	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:					
а	The organization?		. 5a		X	
b	Any related organization?		5b		X	
	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:					
а	The organization?		. <u>6a</u>		X	
	Any related organization?				X	
	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		7		X	
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		8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?		9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sched	ule J (For	m 990)) 2021	

132111 11-02-21

93-1086629

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TONY L. HOPSON SR	(i)	320,767.	64,000.	0.	8,496.	16,645.	409,908.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LIBRA FORDE	(i)	176,215.	0.	0.	5,523.	16,680.	198,418.	0.	
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MARIET STEENKAMP	(i)	141,884.	0.	0.	4,256.	8,800.	154,940.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							 	

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HEALTH CLUB & SOCIAL CLUB MEMBERSHIP DUES, TONY HOPSON SR, PRESIDENT AND

CEO-TREATED AS TAXABLE INCOME.

PART I, LINE 1B:

COMPENSATION AGREEMENT BETWEEN ELECTED BOARD OF DIRECTORS AND TONY HOPSON

SR.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2021
Open to Public Inspection

Nam	e of the organization					Employer ider	ntificatio	on nur	nber
	SELF ENHANCE	MENT,	INC.			93-1	1086	629	
Pa	t I Types of Property					-			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(c Method of c noncash contrib	letermin		S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		15,430.	DE'	FERMINED	BY I	DON	OR
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \ldots								
15	Real estate - Residential	X	1	986,631	LAI	ND APPRA	ISAL		
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (<u>TRIMET BUS PA</u>)	X	1			FERMINED			
26	Other \blacktriangleright (<u>BEST BUY GIFT</u>)	X	1	,		TERMINED			
27	Other (COMPUTERS/TAB)	X	6	1,200.	DE'	TERMINED	BY 1	DON)R
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organized								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28	, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?	·					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	utions	?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is che	ecked,				

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Schedule M (Form 990) 2021

132141 11-17-21

describe in Part II.

Schedule M (Form 990) 2021 SELF ENHANCEMENT, INC. Part II Supplemental Information. Provide the information re

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS- TRIMET PASSES AND GIFT CARDS;

NUMBER OF ITEMS CONTRIBUTED - COMPUTERS/TABLETS

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization	SELF ENHANCEMENT, INC.	Employer identification numb 93-1086629
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
WORKING WITH SELF ENHANCEM		ANIZATIONS, ND
OPPORTUNITIES	TO ACHIEVE PERSONAL AND ACADEMIC SUCCESS. SI	EI BRINGS
HOPE TO INDIV	IDUAL YOUNG PEOPLE AND ENHANCES THE QUALITY O	F COMMUNITY
LIFE.		
FORM 990, PAR	T III, LINE 1, DESCRIPTION OF ORGANIZATION MI	
LIFE.		
FORM 990, PAR	T III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
ARE COMPREHEN	SIVE (SUMMER, IN-SCHOOL, AND AFTER-SCHOOL); A	ND OFFERED ON
A CONTINUUM (SERVING STUDENTS FROM AGE 8 THROUGH 25). EAC	H STUDENT IS
ASSIGNED TO A	COORDINATOR WHO MONITORS THE STUDENT'S ATTEN	DANCE,
BEHAVIOR, AND	ACADEMIC ACHIEVEMENTS.	
AN INDIVIDUAL	SUCCESS PLAN IS CREATED FOR EACH STUDENT THAT	T SETS
ACADEMIC, PER	SONAL, AND SOCIAL GOALS. ACADEMIC SUPPORT, A	RTS
EXPERIENCES,	RECREATION ACTIVITIES, COMMUNITY SERVICE OPPO	RTUNITIES,
LEADERSHIP TR	AINING, AND SOCIAL AND LIFE SKILLS CLASSES AR	E OFFERED
THROUGH THE A	FTER-SCHOOL PROGRAM. AN INTENSIVE 5-WEEK SUM	MER PROGRAM
HELPS KEEP ST	UDENTS ENGAGED YEAR-ROUND.	
FORM 990, PAR	T III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:

BASIC NEEDS SUCH AS HOUSING AND ENERGY ASSISTANCE. SELF ENHANCEMENT

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Schedule O (Form 990) 2021						
Name of the organization	Employer identification number					
SELF ENHANCEMENT, INC.	93-1086629					
CURRENTLY SERVES OVER 9,000 INDIVIDUALS AND FAMILIES FOR	AL	LL AGE GROUPS				

THROUGH COMMUNITY AND FAMILY PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMMING INCLUDES CAPACITY BUILDING PROGRAMS.

EXPENSES \$ 301,670. INCLUDING GRANTS OF \$ 23,488. REVENUE \$ 0.

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 -<u>272,355 11,223</u>

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 Schedule O (Form 990) 2021 132212 11-11-21 46

16150510 781409 8338

2021.05080 SELF ENHANCEMENT, INC.

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
SELF ENHANCEMENT, INC.	93-1086629

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 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990) 2021

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SCHEDULE R

(Form 990)

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. OMB No. 1545-0047 2021

Open to Public Inspection

Employer identification number

93-1086629

Department of the Treasury Internal Revenue Service Name of the organization

SELF ENHANCEMENT, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SELF ENHANCEMENT COMMUNITY ALBERTA ALIVE LLC					
- 86-2424215, 3920 N KERBY AVE., PORTLAND,					
OR 97227	REAL ESTATE RENTAL	OREGON			SEI
SEI – 5020 N INTERSTATE – 92–1424923					
3920 N KERBY AVE.					
PORTLAND, OR 97227	REAL ESTATE RENTAL	OREGON			SEI
	-				
	-				

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SELF ENHANCEMENT FOUNDATION - 93-1312090	SUPPORT SELF ENHANCEMENT,						
3920 N KERBY AVENUE	INC. THROUGH MANAGEMENT OF				SELF ENHANCEMENT,		
PORTLAND, OR 97227	ENDOWMENT FUNDS	OREGON	501(C)(3)	LINE 12B, II	INC.	X	
SELF ENHANCEMENT INC NATIONAL - 90-0524343							
3920 N KERBY AVENUE	SUPPORT SELF ENHANCEMENT,				SELF ENHANCEMENT,		
PORTLAND, OR 97227	INC.	OREGON	501(C)(3)	LINE 7	INC.	X	
	_						
	-						
							<u> </u>
	-						
	1						

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

Schedule R (Form 990) 2021

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera managi partne	or Percent owners
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	lo
	_										
	-										
	-										
										+	
	-										
	-										
											_
	_										
	_										
	-										

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	(i Sect 512(b contri enti	i) :tion o)(13) rolled tity?
		country)		or trust)		assets			No
									

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

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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
b	Gift, grant, or capital contribution to related organization(s)	1b	X		
с	Gift, grant, or capital contribution from related organization(s)	1c	X		
d	Loans or loan guarantees to or for related organization(s)	1d		X	
е	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
	Exchange of assets with related organization(s)	1i		X	
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X		
o	Sharing of paid employees with related organization(s)	10	X		
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
	Reimbursement paid by related organization(s) for expenses	1q	X		
r	Other transfer of cash or property to related organization(s)	1r	X		
s	Other transfer of cash or property from related organization(s)	1s	X		
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.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SELF ENHANCEMENT FOUNDATION	С	706,596.	ACTUAL TRANSFER
(2) ALBERTA ALIVE LIMITED PARTNERSHIP	D	323,000.	ACTUAL TRANSFER
(3)			
<u>(</u> 4)			
<u>(5)</u>			
(6)			

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Schedule R (Form 990) 2021 SELF ENHANCEMENT, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs. Yes	sec. (3) ?	(f) Share of total income	(H Dispr tior alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes) ging er? NO	(k) Percentage ownership

Schedule R (Form 990) 2021

SELF ENHANCEMENT, INC.

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

Schedule R (Form 990) 2021

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