990

Return of Organization Exempt From Income Tax

OMB No. 1645-0047

Department of the Treasury Internal Pavenue Service

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

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

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

Inspection

0	Lot a	ne 2017 cas	endar year, or tax y	ear begins	ning	Oct 1	, 2017, an	d ending	5	ep 30	,2018	
B	Check	If applicable	G Name of organization	an Lydia	's House	. Inc.				D Employ	yar identification nu	mber
	Addre	ns change	Doing husiness as							The state of the s	699278	
		change	Number and street	(or P.C. box	if mail is not de-	Everant to street a	ddrees) F	Soon/suite		Carried State of the Control of the	ana number	
	Initial	-	P.O. Box 27				12				1771-4411	
n		functerminated	The State of the S		country and 78	You foresteen, excepted	made			1378	17.01-49.21	
픰		fled reform	St. Louis,			es county touris	DOCE .			1-1	100000000000000000000000000000000000000	
H		ALTERNATION OF THE	F Name and address a					_			ecepts 5 1,983	
1	Appac	ation pending				225 85 0			PROTEIN	group return for	ubotness? Yes	X No
-					0. Box 2	722. St. L	ouis, MO		H(b) Ace of	Laubordinale	a included? Vee	_ No
1		empt status:	(E)(soroa)	1.501	SI)41	Resert co.) 1 49	47(n)(1) or	NET.	117	No," attach i	a list. (see instructions	10
4	Websit	10: P 10	ww.lydiashou	se, orq			- pint		H(n) Gmis	s exemption	mumber >	
K.			Corporation Tru	et Ass	position On	er in	L. Year o	f formation	199	5 M State	of legal domicile: MC	0
B.	art I	Commence of the Control of the Contr					- description of					
	1	Briefly de	scribe the organiz	ration's m	ission or mo	st significant	activities:	Lydia!	s Hous	e work	s in faith	
8		to end	domestic vi	clence	by being	a place	of heal:	ing and	d a vo	Loe	action of the later of the late	
5		of hop	e for abused	women	and the	r childre	(7) .		-	of eliabeth and		
5	2	Check thi	is box ► ☐ if the c	organizatio	on discontinu	ed its operati	ons or dispu	osed of n	nore that	25% of	its not access	
30	3	Number of	of voting members	of the ac	veening bod	V (Part VI. line	Sal	2000.01.11	750-52-6-762-	3	no mer decords	3.0
ĕ	4	Number of	of independent vot	tino momi	ones of the o	averaina hadi	(Dart Vi Se	a 160	*//			10
88	5	Total num	nber of individuals	employee	t in calendar	ware 2017 /D	ner 16 days Ca	0 10)		- Internal Contract of		
N.	8	Total num	iber of volunteers	(autimate	# pagassan	your 2017 U-	ast v, and 25	9	7 17 1	5		33
Activities & Governance	7a	Total unre	stated business rev	concurrence	o Cost VIII o	artisana (PS) dias	9 0 1 0		+- + +	6		846
7	b	Nat i most	thed business two	venue mon	n eart viii, c	DOD TO COL	912		4 4 1	70		0.
	-	THES GITTER	sted business taxa	able incom	ie from Form	1 990+1, line 3	4	1 1 1				0.
	8	Contribution	one and assets th	- 1000 m				-	Prior Ye	-	Current Year	
9	195	Decarage	ons and grants (P	art VIII, III						487.	1,629,	
Revenue	9		service revenue (P.				1 4 4 6	-	27	,939.	37/	055.
	10	Investmen	it income (Part VIII	I, column	(A), lines 3, 4	f, and 7dj .	Section 5			-787.	5,	255.
	11	Other reve	enue (Part VIII, coli	umn (A), II	nes 5, 6d, 8r	c, 9c, 10c, and	11te)		4.6	277.		505.
-	12	Total rever	nue-add lines 8 th	rough 11	(must equal	Part VIII, colur	nn (A), line 1	2)	1,809	,916.	1,712,	406.
- 1	13	Grants and	d similar amounts	paid (Part	t EX, column	(A), lines T-3)		-	1.5	448.	761 1132 23 23 27	457.
	14	Benefits p	ald to or for memit	bers (Part	IX, column (A), line 4) .						
8	15	Salaries, of	ther compensation,	employer	a benefits (Pa	ert IX. column (A), lines 5-19	0)	747	,505.	832,2	283.
Kpenses	16a	Profession	al fundraising fees	s (Part IX,	column (A),	line 11e)					-	
8	b	Total funds	raising expenses (Part IX, o	olumn (D), lin	ie 25) ▶	193, 204	. 130	-194 7	1820	ASSESSED NO.	STATE OF
10	17	Other expe	enses (Part IX, coli	umn (A), II	nes 11a-11c	f. 11f-24e)				895.	662,3	100
-	18	Total expe	nses. Add lines 13	3-17 imus	t equal Part	IX. column (A)	line 25)		1,356	And the second lives to th	1,512,0	
	19	Revenue le	ess expenses. Sub	stract line	18 from line	12				,068-	200,3	
8		A CONTRACTOR		The state of the s				Begin	ning of Cur		End of Year	19.95
ă.	20	Total asset	s (Part X, line 16)						4,931			200
			ties (Part X, line 26								5,060,8	
Figure			or fund balances.		Sens Od Senson	Ton 00		-		.402.	811,8	_
	Ш		re Block	Subtract	arie 21 storii	ane 20 .		-	4,048	114.	4,249,0	28.
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ere	Sec. 10.	. /		. 0					Clafe			
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aid	1				Preparer's sign	nature		Date		Check X	IF PTIN	
rep	parer	Cindy			and	y trubb	Ein-	06/28	/2019		yed P0106652	8
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ay t	he IRS	discuss th	is return with the	preparer	shown above	e? (see instru	ctions)				ITTO AN INTELL	No
575.75		7-7-5-7-13-3	on Act Notice, see t		AND DESCRIPTION OF THE PARTY OF	w maa		100000000000000000000000000000000000000	0.025	-	- 000	

Par	E 111	Statement of Program Service Accomplishments	1797
		Check if Schedule O contains a response or note to any line in this Part III	C
1		ally describe the organization's mission:	
		dla's House works in faith	
	5.9.	end domestic violence by being a place of healing and a voice	
	DI	hope for abused women and their children.	
2	Did :	the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-E2?	Plu Elu
	R al	es," describe these new services on Schedule O.	LITES IND
3	Did	the organization cease conducting, or make significant changes in how it conducts, any program	
	servi	NCBS7	☐ Yes ⊠ No
	H A!	es," describe these changes on Schedule O.	
4	expe	cribe the organization's program service accomplishments for each of its three largest program services, enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated expenses, and revenue, if any, for each program service reported.	as measured by ations to others,
48	(Cod	te:) (Expenses \$ 1,248,546, Including grants of \$ 17,457,) (Revenue \$ 3	7,055.)
	See	statement attached.	material and the second
	-		
	-		
4b	Code	S:) (Expenses \$including grants of \$) (Revenue \$	1
			The same of the sa
	-		-
4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$	
-			
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94			
-	-		
d C	ther n	program services (Describe in Schedule O.)	A STATE OF THE STA
	xpens		
		rogram service expenses > 1,248,646.	

Pa	Int IV Checklist of Required Schedules			- 49
			Yes	e No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
Ĭ.	complete Schedule A	1	-	-
3	The state of the second	2	×	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1 2
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		>
5			T	
6				- 34
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		×
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	8		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10	(SE)	Â
ā		-		
ь	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 167 if "Yes," complete Schedule D, Part VII .	11a	×	×
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		×
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	110		×
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete		×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12a	^	**
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments asked at \$100,000.	1		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		×
6	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.	15		×
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
3	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	17		×
9	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III	19	3	×

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Part IV	Checklist of	Rea	bassica	Schadules	(constinued)
	CHIMOMINOS OF	111014	MILE OU	acitedrate?	LEACH DIM HERDER

20 a b 21 22	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. If "Yes" to line 20a, clid the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	-	×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of	208	_	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of	1.89/34/968		1
22	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		×
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	×	-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	-	_	-
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			×
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	24d		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	25b		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	26		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions):	27		×
a A	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
c /	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		×
29 C	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	29	×	
31 D	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
32 D	on the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	1	×
33 D	hid the organization own 100% of an entity disregarded as separate from the organization under Regulations ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		×
34 W	Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, r.IV, and Part V, line 1	34	×	_
p II	id the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		×
36 Se	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable elated organization? If "Yes," complete Schedule R, Part V, line 2.	35b		×
37 Di an	id the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	36		×
38 Di	of the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and P Note, All Form 990 filers are required to complete Schedule O.	37	×	×

minerii.	art V Statements Regarding Other IRS Filings and Tax Compliance			Page
TR.	Check if Schedule O contains a response or note to any line in this Part V			
-	Crisics if Scriedule O contains a response or note to any line in this Part V		100	
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	760
	[20] - [4] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	4	Est	112
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	1	103
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	100	100	100
2	a. Enter the number of employees appointed on Front W.S. Townside at W.S. Townside at W.S. Townside at M.S.	te	K	
-	The second of th	570		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3:	Heren	DESC.	100
,	A STATE OF THE PARTY OF THE PAR	2b	×	
38	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	100	process process	ps,
100	A 1 TO THE PROPERTY OF THE PRO	3a		×
-0.51	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		-	
	account()?	40		×
t	If "Yes," enter the name of the foreign country: >	7200	6 5	50
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Sa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58		×
b		5b		×
C		5e		-0
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b		Ort		×
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	No.	-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods.	Cut	100	
	and services provided to the payor?	7a		
b		7b	×	-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	×	-
	required to file Form 8282?	7-		200
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7c		×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.	-	
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?	71	-	×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	-	
a	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	-	_
	sponsoring organization have excess business holdings at any time during the year?	-	-54	
9	Sponsoring organizations maintaining donor advised funds.	8	-	
8	Did the sponsoring organization make any taxable distributions under section 4966?	-	-	5911
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
0	Section 501(c)(7) organizations. Enter:	9b		
a	Additional Company of the Company of	155	Sulf	
ь	Cores consists to find at the constant of the			
1	Section 501(c)(12) organizations, Enter:	ALC N	0	
a	Acres to the contract of the c	100	330	
b	Gross income from other sources (Do not net amounts due or paid to other sources		080	
	against amounts due or received from them.)	3 1	213	
2a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 10412	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100	1915	100
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	375	-	
a	is the organization licensed to issue qualified health plans in more than one state?	13a	110	
b	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 organization is licensed to issue qualified health plans			M
		4	1910	
	Enter the amount of reserves on hand	200		
la l	Did the organization receive any payments for indoor tanning services during the tax year?	40	10	×
F 1	Company to the state of the sta		-	_

14b

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche Check if Schedule O contains a response or note to any line in this Part VI	edule O. See	instru	chons.
Sec	ection A. Governing Body and Management			- 10
			Ye	G No
1	In the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10		
3	b Enter the number of voting members included in line 1a, above, who are independent . 1b	10	1	1.59
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsl any other officer, director, trustee, or key employee?			×
3		e direct	1	×
4				×
5		ts? 5		×
6	Did the organization have members or stockholders?	6		×
70		appoint 7a		×
b	b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers, 7b		
8		during	13	×
В		Ba	×	-
b	Each committee with authority to act on behalf of the governing body?	. 8b	×	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			×
Sect	tion B. Policies (This Section B requests information about policies not required by the Interna	Revenue C	ode.	-
-35			Yes	Nn
10a b		100		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	es? 10b	-	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	form? 11a	X	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	100		000
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	12a	×	-
c		Hillian III	×	
13	Did the organization have a written whistleblower policy?	120	×	-
14	Did the organization have a written document retention and destruction policy?	14	×	-
15	Did the process for determining compensation of the following persons include a review and appro- independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	vel by	Ŷ	18
8	The organization's CEO, Executive Director, or top management official	159	×	
ь	Other officers or key employees of the organization	15b	X	
6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	W-0663	50	100
	with a taxable entity during the year?	16a	-	-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and take stage to extend to	de its		×
	organization's exempt status with respect to such arrangements?	16b	==	
	on G. Disclosure	1001		100
8	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (available for public inspection. Indicate how you made these available. Check all that apply.	Section 501(c)(3)s	only)
9	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, confice	t of interest -	oller	gnd
	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books			anu
1	Karen Kirk, E.D., P.O. Box 2722, St. , Louis, MO 63116 (314)771-4411	and records:		

PORT	

Form 990 (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A) Name and Title	(E) Average hours per	(do)	not ci	Pa hack	(C) sition mar ensor		one h an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	hours for related organizations below dicted lines		Institutional trustee	Officer	May amployee	Highest componsited simplywe	Former	the the urganization (W-2/1099-MIDC)	related organizations (W-271989-MISC)	compensation from the organization and rotatest organizations
(1) Janice Forsyth President	2.00	×		×				0.	9.	0
(2) Jonathan Dobaon Vice-president	2,00	×		×				0.	0.	0.
(3) Pam Manning Secretary	2.00	×		×				0.	0.	0.
(4) Sandy McKinney Treasurer	2,00	×		×				0.	ű.	0.
(5) Debra Heck Board member	1,00	×						0.	0.	0.
(6) Jodi Gay Board member	1.00	×						0.	0.	0.
(7) Brad Foss Board member	1,00	×						0.	0,	0.
(8) Kimberly Gannon Board member	1.00	×						0.	0.	0.
(9) Susan Venn Board member	1.00	×		1	T			0.	0.	0.
10) Irl Scissors Board member	1,00	×	1	1				0.	0.	0.
11) Keren Kirk Executive director	60.00		,	×					0.	4.5
12)										
(3)				1	T	1	T			
[4]			1	1	1					

HEV COORTS PACE

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization is and related organization from the organization and related organization is and related organization and related organization and related organization and related on line 1s, is the sum of reportable compensation from the organization and related on line 1s, is the sum of reportable compensation from the organization and related on line 1s, is the sum of reportable compensation from the organization and related on line 1s, is the sum of reportable compensation or individual for security and related organization or individual for security and related organization and related organization and related organization and related organization or individual for security and related organization or individual		Section A. Officers, Directors, Tri (A) Name and trie	(B) Average hours per week (list any	ido n	not of	Pos teck is pe	tion more		one n an	(D) Reportable compensation than	(E) Reportable compensation from related		(F) Estimat	inf
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (27) (28) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20			hours for related organizations below dotted	ndividual or directo		Officer	Кеу втрюуом	Highest compensate employee	Former	the organization	organizations		from the erganizati and relati	mon m tion ted
(29) (29) (29) (29) (29) (29) (29) (29)	(15)							a						
(18) (20) (21) (22) (23) (24) (25) 1b Sub-total . c Total from continuation sheets to Part VII, Section A	(16)													
(29) (29) (29) (29) (29) (29) (29) (29)	(17)											-		
229 229	(18)					+	+	-						
223 224 225 226 226 227 228 229 229 229 229 229 229 229 229 229 239 240 250 260 27 280 2	(19)			Н	-	+	+		H			-		_
23) 24) 25) 1b Sub-total . c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual a lasted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual a related organizations greater than \$150,000? If "Yes," complete Schedule J for such person individual a revelues rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual (or services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business siftense: Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	(20)			-	+	+	+	-	+					
25) 1b Sub-total . 1 Total from continuation sheets to Part VII, Section A . 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual a lasted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual a revelue of the organization of individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person in the organization of the organization or the organization of the organization or the organization organization organization organization organization organization organization	(21)			-	-	+	+		-			-		
24) 25) 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total jadd lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated amployee on line 1a? If "Yes," complete Schedule J for such individual asked on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person is to the organization? If "Yes," complete Schedule J for such person for services rendered to the organization? If "Yes," complete Schedule J for such person is to the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business suidress: (A) Name and business suidress: (B) Description of services (Compensation)	indian			4	-	1	4	-	4					
25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated amployee on line 1a? If "yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Complete this table for your five highest compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address: (B) Obscription of services Compensation Compensation Compensation Description of services				4	4	1	4	4	4					
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual steed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person section B. Independent Contractors Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	25)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual asted on line 1a, is the sum of reportable compensation and other compensation from the organization and releted organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business affirest Compensation of services 2 Total number of independent contractors (including but not limited to those listed above) who			VII, Section	A		9	4		-		0.			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated amployee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business stiffres: (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		Total number of individuals (including but	t not limited t		se li	ster	j ab	ove)	who	o received mor		ID of		
For any individual stated on line 1s, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1s receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, directo Schedule J fo	r, or	trus	stee divis	, ke	у еп	nplo	yee, or highe	st compensate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ection B, Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Operation of services Compensation 2 Total number of independent contractors (including but not limited to those listed above), who	4	For any individual listed on line 1s, is the organization and related organizations	sum of repo	rtable	00 6	cem	eris	ation	and co	omplete Sche	nsation from the	e h		×
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive o	r accrue com	pens	atio	n fri	om.	any u	inrei	A THE ROLL OF STREET		al III	No.	×
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	ectic	n B. Independent Contractors		NACOUNT .	-			-					-	×
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	1	compensation from the organization. Rep	compensated ort compens	(nde ation	for t	den the	cale	ntrac	tors	that received r ending with	more than \$10 or within the or	0,000 o ganizat	of tion's t	áx
Total number of independent contractors (including but not limited to those listed above) who			es4.					1	į		form			
2 Total number of independent contractors (including but not limited to those listed above) who														
	2	Total number of independent contractor	s (Including	but i	not	limi	ted	to ti	hosi	e listed above	a) who lifewa	N/ANZ	-	98

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function Bay Hevenue excluded from ter under sections 512-554 (C) Unrelated (12) business гемелые Contributions, Gifte, Grants and Other Similar Amounts Federated campaigns . 1a 2,378 Membership dues 1b Fundraising events . 10 156,996 Related organizations . . . 1d Government grants (contributions) Te 716,745 All other contributions, giffs, grants, and similar amounts not included above 11 753, 472 Noncash contributions included in lines 1a-1f; \$ 189,779 Total, Add lines 1a-1f 1,629,591 Program Service Revenue Business Code Food sales-employment proq. 900099 31, 147. 31, 147 Ð, Fees chgd. to residents 900099 5,908. 5,988 0. d All other program service revenue. Total, Add lines 2a-2f 37,055 investment income (including dividends, interest, and other similar amounts) 2,897 0. 0. 2,897. 4 Income from investment of tax-exempt bond proceeds > 5 Royalties () Float 60 Personal 6a Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) et. Gross amount from sales of It Securities iii Othu assets other than inventory 135,625 3,778 b Less: cost or other basis and sales expenses . 137,045 c Gain or (foss) . -1,420 778 Net gain or (loss) 2,358 3,778. 0: -1,420 Revenue 8a Gross income from fundraising mirents (not including \$ 156, 996, of contributions reported on line 1c). Other See Part IV, line 18 173,581. b Less direct expenses b 134,526. Net Income or (loss) from fundraising events 39,055 39,055. 9a Gross income from garning activities. See Part IV. line 19 b Less: direct expenses . . Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances . . b Less: cost of goods sold ... Net income or (loss) from sales of inventory . . . Miscellaneous Revenue Business Code 118 Miscellaneous 900099 1,450. 1,450 0. b 0 d All other revenue Total, Add lines 11a-11d .

Total revenue. See instructions.

1,450.

42,283.

0.

Part IX Statement of Functional Expenses

Section 507/e93) and 501/e90	propagations flower and set expense large.	division that a service design the	the state of the s	
Section 507(c)(3) and 501(c)(4)	AN PROLINGATION ALTERS CONTRACTOR	AN CONCERNA, PAN DEFAS	er ovganizations must	complete column (A).

Do 8b,	Check if Schedule O contains a respon not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Se or note to any (A) Total expenses	(B) Program services expenses	(C) Management and general expenses	(D) Fundraising expertees
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2		17,457.	17,457.		
3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .	-cy3-cs	47,437.7	100 PM	
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	120,533.	38,561.	201 9060	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(6)	48445331	38,391.	40,986.	40,986
7	Other salaries and wages	555,148.	478,798.	6,231.	70,119.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,012.	9,413.		
9	Other amployee benefits	94,514.	86,311.	0.	1,599.
10	Payroll taxes	51,076.	39,872.	2,060.	6,143.
11	Fees for services (non-employees): Management	31,010.	39,872	3,432.	7,772.
b	Legal				
0	Accounting	05 353	127720		
d	Lobbying	25,351,	19,520.	1,775.	4,056.
e	Professional fundralsing services. See Part IV, line 17				
1	Investment management fees		mile is a meaning	196 CONTRACT	
g	Other, of line 11g amount exceeds 16% of line 25, column				
ы	(A) amount, list line 11g expenses on Schedule (C)	250,000	The state of the s		
12		2,010.	1,960.	0.	501
	Advertising and promotion	100000000000000000000000000000000000000			
13	Office expenses	73,965.	48,234.	3,327.	22,404.
15	Information technology	16,826.	12,957.	1,177.	2,692.
16	Royalties				
17	Occupancy	170,174.	148,950.	4,543.	16,681.
18	Travel	19,340.	18,791.	517.	32.
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1 604	100	200	
20	Interest	35,110.	402. 31,896.	884.	318.
15	Payments to affiliates	4011101	21,0301	655.	2,559.
12	Depreciation, depletion, and amortization	171,451.	164,642.	1,932.	4.000
3	Insurance	33,700.	The second secon		4,877.
4	Other expenses, itemize expenses not povered	TO THE P	29,490.	1,941.	2,269.
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
8	Food/prod.costs-empl.program	26,424.	26,424.	0	THE PERSON NAMED IN
ь	Dues/subscriptions	8,579.	7,920.	0.	0.
C	Resident assistance	63,720.	63,720.	108.	551.
d	Bank&credit card chgs.	8,365.	0.	0.	0.
6	All other expenses	5,703.	3,328.	644.	8,365.
5	Total functional expenses. Add lines 1 through 24a	1,512,062.	1,248,646.	70,212.	1,731.
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and lundraising solicitation. Check here if allowing SOP 98-2 (ASC 958-720)		-1019/ 610/	10,212.	193,204.
		BEV 630819 PRO			form 990 cars to

Part X Balance Sheet

-	21.021.7		(A) Beginning of year		(B) End of year
1			14,647.		24,737
1.0	Savings and temporary cash investments .				1,463,354
-		STREET, CARROLL	66,667.	3	50,834
					59,592
.5	trustees, key employees, and highest of	compensated employees.			
6			A Party City City of	- 5	Name of the last o
0	4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) vol., organizations (see instructions). Complete Part III or Sch	and contributing employers and entary employees' beneficiary ledule L.		6	
7	Notes and loans receivable, net			7	
B	Inventories for sale or use		17,186.	8	14, 499.
9	Prepaid expenses and deferred charges		7777777777777777777	9	37,083
10a	Land, buildings, and equipment: cost or	102 220 002 300	A STATE OF THE PARTY OF THE PAR	ALL C	A PROPERTY OF
	other basis. Complete Part VI of Schedule D	10a 4,979,131.			
b	Less: accumulated depreciation		3,463,360.	10c	3,410,269.
11	Investments publicly traded securities			the second second	The state of the s
	Investments-other securities. See Part IV, line	11			
13	Investments-program-related. See Part IV, line	11		TO SAME LINE	
14	Intangible assets				
15	Other assets. See Part IV, line 11		10.269		500.
16	Total assets, Add lines 1 through 15 (must equ	al line 34)		-	5,060,188.
7	Accounts payable and accrued expenses			-	59, 316.
8	Grants payable		531,340.1	-	271 2541
9	Deferred revenue		2,948	-	3,380.
0				-	24,93994
1		Part IV of Schedule D		1000	
2	Loans and other payables to current and to	rmer officers, directors	KATALONG SER	-	THE RESERVE OF THE PARTY OF THE
	trustees, key employees, highest compen	sated employees, and		22	
3	Secured mortgages and notes payable to unrela-	ted third parties	793.474	-	749,134.
4	Unsecured notes and loans payable to unrelated	third parties	12014141	-	199,139.
5	Other liabilities (including federal income tax a	avables to related third		24	
- 9	parties, and other liabilities not included on lines	17-24). Complete Part X		26	
9	Total liabilities. Add lines 17 through 25		882,402	-	811,830.
	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	, check here ► X and 34.	September 1		721,000.
1	Unrestricted net assets		3,748,144.	27	4,129,512.
1	Temporarily restricted net assets				119,546.
1	Permanently restricted net assets	and the second s		-	*********
. 0	Organizations that do not follow SFAS 117 (ASC 95)	\$, check here ▶ ☐ and			
	Capital stock or trust principal, or current funds			30	A PROPERTY.
F	aid-in or capital surplus, or land, building, or equ	apment fund		100	
F	letained earnings, endowment, accumulated inci-	ome, or other funds			
T	otal net assets or fund balances		The state of the s	~~~	4 240 050
T	otal liabilities and net assets/fund balances			34	4,249,058. 5,060,888.
W 100 10 10 10 10 10 10 10 10 10 10 10 10	8 9 10a b 11 12 13 14 15 16 17 8 9 9 0 1 1 2 2 3 4 4 5 5 F F T T	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and trustees, key employees, and highest of Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified per 4858(/)1/I), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sch. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deterred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. b Less: accumulated depreciation 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—program-related. See Part IV, line Intangible assets. 14 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equipment assets). 15 Other assets. Add lines 1 through 15 (must equipment assets). 16 Escrow or custodial account liability. Complete is 1 Loans and other payables to current and for trustees, key employees, highest compen disqualified persons, Complete Part II of Schedule D. 15 Total liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D. 16 Total liabilities. Add lines 17 through 25. 17 Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and tines 33 and Unrestricted net assets. 18 Temporarily restricted net assets. 19 Permanently restricted net ass	Savings and temporary cash investments Piedges and grants receivable, net Accounts receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key emptoyees, and highest compensated employees. Complete Part II of Schedulle L Loans and other receivables from other disqualified persons (as defined under section 4558/(1)), persons described in section 4558/(3)(8), and contributing employers and approaching organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructiona), Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Leas accumulated depreciation Investments—publicly traded securities Investments—program-related. See Part IV. line 11 Investments—program-related. See Part IV. line 11 Investments—program-related. See Part IV. line 11 Investments—program-related expenses Grants payable and accrued expenses Grants payable and accrued expenses Grants payable and accrued expenses Tax-exempt band liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Total net assets Permanently restricted net assets	Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualited persons (as defined under section 4558(4)1), persons described in section 4558(6)(3)(8), and contributing employers and approacing organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 1 Investments — publicly traded securities 1 Investments — program-related. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Intangible assets 1 Cher assets. Add lines 1 through 15 (must equal line 34) 1 Tax-exempt bond labilities 1 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 1 Tax-exempt bond labilities not included on lines 17-24). Complete Part X of Schedule D 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Corganizations that foliow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 28 3 Organizations that foliow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 4 Unrestricted net assets 5 Ceptal stock or trust principal, or current funds 8 Paid-irror captal surplus, or land, building, or equipment fund 9 Retained samings, endowment, accumulated income, or other funds 1 Capital stock or trust principal, or current fu	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualited persons (as defined under section 4556/(1)), persons described in section 4556((5)(6)), and conteituding employers and sponeoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepale expenses and deferred charges 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10 Less: accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Intangible assets. 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and siccrued expenses 18 Grants payable and siccrued expenses 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Deferred revenue 11 Investment is payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 10 Less: accurred notes and loans payable to unrelated third parties 10 Total assets. Add lines 17 through 25 11 Organizations that follow SFAS 117 (ASC 958), check here 11 and complete Part X of Schedule D 10 Total stabilities included on lines 17-24). Complete Part X of Schedule D 10 Total liabilities. Add lines 17 through 25 11 Organizations that follow SFAS 117 (ASC 958), check here 12 and complete lines 20 through 34. 12 Capital stock or trust principes, or current funds 13 Paid-in or capital surplus, or land, building, or equipment tund 14 Capital stock or trust principes, or current funds 15 Paid-in or capital surplus, or land, building, or equipment tund 16 Paid-in or capital surplus, or land, building, or optiment tund 17 Paid-in or capital

P	Reconciliation of Net Assets			_	PH11.79
	Check if Schedule O contains a response or note to any line in this Part XI				17
-1	Total revenue (must equal Part VIII, column (A), line 12)	1		712,	406
2	Total expenses (must equal Part IX, column (A), line 25)	2			062
3	Revenue less expenses. Subtract line 2 from line 1	3			344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			714.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			
10	Net assets or fund balances at end of year, Combine lines 3 through 9 imust equal Part X, line				
_	33, column (BI)	10	4.2	49,0	358
Pai	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	1 2			(8)
					No
1	Accounting method used to prepare the Form 990: Gash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O.	lain in	NE		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	iled or	2a	Well Medi	×
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a	26	×	
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	20	×	
	If the organization changed either its oversight process or selection process during the tax year, exp. Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set to the Single Audit Act and OMB Circular A-1337.	orth in	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	o the	3a		×
		LIFE .	20.00	990/	2012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

In Attach to Form 900 or Form 900-EZ.

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

20**17**

Open to Public Inspection

Department of the Treasury Internal Pierenus Service Name of the organization

Employer identification number

								PROPERTY OF THE PROPERTY OF TH	Control Control Control
THE REAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE		, Inc.					43-1699278	
DOM:	arti	Reaso	n for Public 0	Charity Status	All organizations mu	ist comp	olete this	part.) See instruct	ions.
The	organi	zation is	not a private foi	undation because	it is: (For lines 1 throu	gh 12, ct	neck only	one-box.)	
1	LA	church, o	convention of ch	hurches, or assoc	iation of churches des	cribed in	section	170(b)(1)(A)(i).	
2					ii). (Attach Schedule E				
3	LA	hospital	or a cooperative	hospital service	organization describe	d in secti	ion 170(b)(1)(A)(iii).	
4	ho	medical i spital's r	research organi name, city, and	zation operated in state:	conjunction with a ho	spital de	scribed in	section 170(b)(1)(A	V(III). Enter the
5	□ An	organiz etion 17	ation operated 0(b)(1)(A)(iv). (C	for the benefit of complete Part II.)	a college or universit	y owned	or opera	ited by a governmen	ntal unit described in
6	DAI	federal, s	tate, or local go	vernment or gov	emmental unit describ	ed in sec	tion 1701	b)(1)(A)(v).	
7	[X] An	organiza	ation that norm	ally receives a su b)(1)(A)(vi). (Comp	bstantial part of its su	pport fro	m a govi	emmental unit or fro	m the general public
8	DAG	inummos	ty trust describe	ed in section 170	(b)(1)(A)(vi). (Complete	Part II.)			
9	☐ An	agricultu	iral research on	ganization describ	sed in section 170(b)(agriculture (see instruc	t)(A)(bd) c	operated i iter the na	n conjunction with a ime, city, and state o	land-grant college of the college or
10	SUE	epts from	m activities reia n gross investri	ted to its exempt sent income and i	ore than 331,5% of its functions—subject to unrelated business tax 975. See section 509	certain e	xceptions me iless	s, and (2) no more the section 511 taxi from	an 991 office of ito
11	□An	organiza	tion organized	and operated exc	lusively to test for pub	lic safety	San san	tion 5/19(n)(4)	
12	□ An	organiza	tion organized a	and operated excl	usively for the benefit	of to per	form the	functions of orto es	one out the numbers
	of s	one or m	ore publicly sur	pported organizat	tions described in sec describes the type of su	tion 509	(a)(1) or s	section 509(a)(2), Sa	e section 509(a)(3).
a		Type I. A the supp	supporting organizat	ganization operate ion(s) the power t	ed, supervised, or con to regularly appoint or	trolled by elect a m	Its suppo	orted organization(s)	typically by giving
h	and the same of				olete Part IV, Section				
10		control o	r management	of the supporting	rised or controlled in c organization vested in t IV, Sections A and C	the sam	n with its e person	supported organizat s that control or man	ion(s), by having rage the supported
G	0.	Type III t	unctionally int	egrated. A suppo	orting organization ope ions). You must comp	rated in	connectic	on with, and function tions A. D. and E.	ally integrated with,
d		Type III n	non-functionally in	ly integrated. A stograted. The org	supporting organization anization generally mu complete Part IV, Se	operate	d in conn	ection with its supportion requirement an	orted organization(s) ad an attentiveness
6		Check th	is box if the org	anization receive	d a written determinati ctionally integrated su	on from t	the IRS to	ot it is a Type I. Tune	e II, Type III
1	Enter!	the numb	per of supporter	d organizations		2 (4)	A Manager	noene.	
9	Provid	le the fol	lowing informat	on about the sup	ported organization(s)			The state of the s	7 1
			d organization	(ii) EIN	(III) Type of organization (described on lines 1–10) above (see instructions))	fion (M) is the organization (M) Amount of monetary -10 Reled in your governing support line		(xi) Amount of other support (see instructions)	
						Yes	No		
						100	140		
1									
)									
1									

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III, If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 1,167,959. 1,338,438. 2,067,239. 1,736,487. 1,629,591. 7,939,714. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3 1,167,959. 1,338,438. 2,067,239. 1,736,487. 1,629,591 The portion of total contributions by person (other than a each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 303,566. Public support. Subtract line 5 from line 4 636,148 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 1,167,959 338,438 067,239 736,487 629,591 939,714. Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties, and income from similar sources 25,954 29,452. 29,047. 2,897. 88,064. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 163. 5,189 166. 1,097 7,106. Total support. Add lines 7 through 10 11 8,034,884. Gross receipts from related activities, etc. (see instructions) 12 172,976. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(d)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 95.04% Public support percentage from 2016 Schedule A, Part II, line 14 15 15 331/4% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/4% or more, check this 331/2% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-orcumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and sea

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	mdar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
- 1	Gifts, grants, contributions, and membership fees.						
120	received. (De not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise noid or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5						
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						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)		SEE F	715 Sept. 19		SUCCESS!	
Sect	ion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(e) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	AND THE REAL PROPERTY.	Jel and	Ary many	Any Action	(44.00.00	M. S. Swini
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	72					
c	Add fines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here			, third, fourth,		ar as a section	501(c)(3)
ectio	on C. Computation of Public Support						
5	Public support percentage for 2017 (line 8,			s, column (f))		15	96
6	Public support percentage from 2016 Sche			A		16	96
	on D. Computation of Investment Inco						-
7	Investment income percentage for 2017 (lin	e 10c, column	n (f) divided by	line 13, colum	in (f))	17	%
8	Investment income percentage from 2016 (18	96
9a	331/a% support tests—2017. If the organiza	ation did not o	theck the box	on line 14, an	d line 15 is mo	ore than 331m34	, and line
b	17 is not more than 331/6%, check this box an 331/6% support tests -2016. If the organizat line 18 is not more than 331/6%, check this bo	tion did not che	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	1's%, and
	Private foundation. If the organization did						CONTRACTOR STATEMENT AND ADDRESS OF THE PARTY OF THE PART

Yes No.

Part IV Supporting Organizations

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

O 47 A 41	W. W.	44	CONTROL OF THE	-
Section A. Al	Suppor	ting O	rganiza	tions

- Are all of the organization's supported organizations listed by name in the organization's governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of state under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supports 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," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) as satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2). purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(i) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El 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 actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support o benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

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Par	Supporting Organizations (continued)			
		_	Yes	No.
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	128		
	below, the governing body of a supported organization?	110	7	P
E	C. C. L	116	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
	tion B. Type I Supporting Organizations	-1111111111		
-			Yes	No
.,	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		410
Sect	ion C. Type II Supporting Organizations	1.6	_	_
		100	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sect	on D. All Type III Supporting Organizations			
0/2/10/	- Apa washa mg a Bamanan		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?			
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).	1		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
ecti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	ineters	Alama	
8	The organization satisfied the Activities Test. Complete line 2 below.	arrance and	university	
ь	☐ 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 government entity	(see ins	tructi	ovie).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		165	No
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	28		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	Series .	7.13
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or rustees of each of the supported organizations? Provide details in Part VI.	За		
b	Old 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.	3b	45	

ATTENDED FOR THE PARTY OF THE P		The Property of the Control of the C
Parit V	Type III Non-Eunctionally	Integrated 509(a)(3) Supporting Organizations
	The in their a price problem.	mitogration population purporting Organizations

☐ Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets to d Total (add lines 1s, 1b, and 1c) 1d e 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 1-1/2% 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 .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) t 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509 Section D - Distributions 1 Amounts pair to	one outporting Orga	anizations (continued)
There is paid in supported easy-lead			Current Yea
2 Amounts paid to perform activity that directly furthers organizations, in excess of income from activity	ish exempt purposes		Gurrent Yea
organizations, in excess of income from activity 3. Arministration	exempt purposes of sup-	ported	
a Administrative expenses paid to annual to			
Amounts paid to acquire exempt use assets	ourposes of supported or	ganizations	
G Quantied set-aside amounts (min-100)			
	ed)		
(provide details in Part VI). See instructions.	high the organization is re	definished to	
9 Distributable amount for 2017 from Section C, line 6	O'THE PERSON NAMED IN COLUMN THE YOU	obnissive -	
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
and the second section of the sectio	The same of the same of	Pre-2017	Amount for 2017
(reasonable cause required a system of to 2017		CAPALI CHE CALCULATION	W.Scilley William
	30 50 Sec. 10-		
distributions carryover, if any to one?			
The state of the s	TO THE RESERVE	HIS SEE NO.	The second
b From 2013		DOMESTIC STREET	
c From 2014	The second second	are to the same of	
d From 2015			
e From 2016			
f Total of lines 3a through e		No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,	ALCOHOLD TO
9 Applied to underdistributions of all			
replaced to 2017 distributable and			
Darryover from 2012 and smallest		Kind Charles and Bridge	
Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2017 from			
Section D, line 7:	Market Committee of the	THE PARTY OF THE P	
	IN THE RAISE OF THE PARTY OF TH		
Applied to underdistributions of prior years			
- whole to 2017 dignihi stalia among	AL PERSON NAMED IN COLUMN NAME	The second second	5 W. L.
Remainder, Subtract lines 4s and 4b from 4.			
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part M. See least e	AND NOTE OF		
Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		E CALLERY	SHEET SE
Excess distributions carryover to 2018. Add lines 3)			
Breakdown of line 7:		The state of the state of	CHICAGO PARTIES
Excess from 2013	THE REAL PROPERTY.		
- oness arom 2013			CALL DE LA CONTRACTION DE LA C
Excess from 2014		Cart Cart Cart	
xcess from 2015		SILLO VIETE CO.	STORY OF THE
xcess from 2016	THE REAL PROPERTY.		
xcess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II L	10: Other Income Part II, Line 10 Description: Misc. 2013: 163, 2016:
5189, 20	15: 166, 2016: 1097, 2017: 491,
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CONTRACT STREET	