# Forth **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

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

2016

**Open to Public** 

Department of the Treasury

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

Inspection

		nue Service	► Information about Form 990-EZ and its instructions is at www.irs.g	ov/form990.	'	mspection		
A I	or the	2016 calend	, 20					
В	Theck if ap	oplicable	C Name of organization	D Emp	mployer identification number			
	Address ci	hange		16-1621304				
	Name chai	•	Number and street (or P.O box, if mail is not delivered to street address)  Room/s	suite E Teler	hone nu	mber		
=	initial retur	rn n/terminated	195-12 Hollis Avenue		718	3-217-6530		
=	Amended :		City or town, state or province, country, and ZIP or foreign postal code	) F Gro	ıp Exen	nption		
=	Application		Hollis, NY 11412	2 Nur	nber 🕨	·		
G /	Account	ing Method:	☐ Cash ☐ Accrual Other (specify) ▶	H Check	▶ 🗹 if	the organization is not		
1 1	Vebsite	:▶				ich Schedule B		
J T	ax-exem	npt status (che	eck only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or □ 52	7 (Form 9	90, 990	-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	of total assets				
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶ \$</u>			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			· · · · · · · · · · · · · · · · · · ·		
	1		the organization used Schedule O to respond to any question in this	Part I	<u> </u>	<u> </u>		
	1		ons, gifts, grants, and similar amounts received		1	2,700		
	2	_	ervice revenue including government fees and contracts		2	38,456		
	3		ip dues and assessments		3			
•	4	Investmen			4			
Š	5a		ount from sale of assets other than inventory 5a					
j	b		or other basis and sales expenses					
o ≓	6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) and fundraising events		5c			
•	a	-	orne from gaming (attach Schedule G if greater than					
Revenue	"	\$15,000)						
Ver	ь	Gross inco	me from fundraising events (not including \$ of contri	butions				
æ	ļ	from fund						
	ĺ		ch gross income and contributions exceeds \$15,000) 6b					
	C		et expenses from gaming and fundraising events 6c	<del></del>	1			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd subtract				
	_	line 6c)			6d			
	7a		s of inventory, less returns and allowances					
	b		of goods sold	<del></del>				
	C	Other rec	it or (loss) from sales of inventer to break in the b from line 7a)		7c	<del></del>		
	8		nue (describe in Schedule Ø)		9	44 450		
_	10		nue. Add lines 1, 2, 3, 4,56, 64, 76, and 8 2018 ் இ	•	10	41,156		
	11		aid to or for members		11			
G		Salarice of	ther compensation, and employee beliefits. UT		12			
Se	13	Profession	al fees and other payments to independent contractors		13	3,215		
Expenses	14		y, rent, utilities, and maintenance	• • •	14	20,676		
Ä	15	-	ublications, postage, and shipping		15	50		
	16		enses (describe in Schedule O)		16	17,080		
	17	•	enses. Add lines 10 through 16		17	41,021		
·	40		(deficit) for the year (Subtract line 17 from line 9)		18	135		
ët	19		s or fund balances at beginning of year (from line 27, column (A)) (must					
Ass			ar figure reported on prior year's return)		19	48,319		
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)		20			
z	21		s or fund balances at end of year. Combine lines 18 through 20	_	21	48,454		
Fo	r Paper	work Reduc	tion Act Notice, see the separate instructions. Cat No. 106	342I		Form <b>990-EZ</b> (2016)		



Pa	t II Balance Sheets (see the instructions t	,	-	2-3-		
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	<u> </u>
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		· · · · ·	2,280		1,575
23 24	Land and buildings		· · · · ·		23	
25	Other assets (describe in Schedule O) Total assets			54,765		55,190
26			· · · · · ·	57,045 8,726		56,765
27	Net assets or fund balances (line 27 of column			48,319		8,311 48,454
Par						40,434
	Check if the organization used Schedule	•		•		Expenses
Wha		Provide emergency t				uired for section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provided	, the number of		c)(3) and 501(c)(4) nizations, optional for rs.)
28	Provided housing and transitional counseling service					
	meals, accessories, transportation to medical appoir	tments and other ser	vices. We deliver ou	ır services		
	using holistic methodologies.				-00	
29		ıncludes foreign gra			28a	41,021
29						
	•				i	
	(Grants \$ ) If this amount	ıncludes foreign gra	inte chack hara		29a	
30					234	
		***************************************	•••••			1
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a				32	41,021
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	<del>,</del>		<del></del>	· · · □
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Deid	a Stewart					
<u>Boar</u>	d Member	10	<u> </u>	)	0	C
	nomas Edwards	-				
	d Member	10	9	)	0	
	Sharon Ripley					
	d Member	10		)	0	
	ımın White d Member	-	١			_
	e White	10	<u> </u>	<u>'</u>	0	
	d Member	- 10			0	
	ary Reed			<u> </u>	⇈	
	d Member	5	(		0	(
	arcia Lucas		`	1	Ť	
Boar	d Member	5	1 (		0	(
Henr	y Turner			Ü.		
Boar	d Member	5			0	(
Carly	ne Turner					
Boar	d Member	5	(		0	
Gary	Facine	_				
	d Member	5		0	0	(
	ł. Powell	-				
Boar	d Member	5		)	0	
		-				

7.3

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			.!.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No_
34	detailed description of each activity in Schedule O	33		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>✓</b>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			ا دیــــــــــــــــــــــــــــــــــــ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<b>✓</b> ,
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
а	Initiation fees and capital contributions included on line 9	) i		
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	 		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ► New York			
42a	•	18-21		0
L	Located at ► 195-12 Hollis Avenue Hollis, NY ZIP + 4 ►	114		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	l	}	1
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		-/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d		<b>↓</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>↓</b> ✓
ъ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

- A
Yes No
46  ✓
es for lines
Yes No
47
19a ✓ 19b
stees, and key r "None."
mated amount of compensation
ved more than
nsation

Firm's address ▶ 95 Thorne Avenue Hempstead, NY 11550

May the IRS discuss this return with the preparer shown above? See instructions .

516-244-5400

✓ Yes □ No

Phone no

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

	Genesis Transitional Housing Ministries Inc. 16-1621304								
Pai	_	Reason for Public Char						ns.	
The o		nization is not a private founda							
1		A church, convention of church							
2		A school described in <b>section</b>	170(b)(1)(A)(ii). (	Attach Schedule E (Fo	orm 990 d	or 990-EZ	<u>().)</u>	) ,	
3		A hospital or a cooperative hos	pital service org	anization described ir	n section	170(b)(1	)(A)(iii).		
4		A medical research organizatio		njunction with a hosp	oital desci	ribed in s	ection 170(b)(1)(A)(	iii). Enter the	
	ł	hospital's name, city, and state	):						
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a governmenta	al unit described in	
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that normally described in <b>section 170(b)(1)</b> (			port from	a govern	nmental unit or from	the general public	
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	(	An agricultural research organi or university or a non-land-grai	zation described nt college of agri	l in <b>section 170(b)(1)(</b> culture (see instructio	( <b>A)(ix)</b> ope ons). Ente	erated in r the nam	conjunction with a la	and-grant college the college or	
		university:			<del>-</del>				
10	!	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unr	nctions—subject to ce related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	n 33¹/₃% of its	
11		An organization organized and							
12	_	An organization organized and	•	•	•			ry out the purposes	
		of one or more publicly suppo							
	(	Check the box in lines 12a thro	ugh 12d that des	cribes the type of sup	porting o	rganizatı	on and complete line	s 12e, 12f, and 12g.	
а		Type I. A supporting organ	zation operated	, supervised, or contr	olled by r	ts suppor	ted organization(s),	typically by giving	
		the supported organization							
		supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B.				
b	. [	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having	
		control or management of to organization(s). You must o	he supporting o	rganization vested in	the same				
С	: [	Type III functionally integral its supported organization(s						ally integrated with,	
d	ı [	☐ Type III non-functionally i	<b>ntegrated.</b> A sur	pporting organization	operated	l in conne	ection with its suppo	rted organization(s)	
		that is not functionally integ							
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, an	nd Part V.		
е	• [	<ul> <li>Check this box if the organ functionally integrated, or T</li> </ul>						e II, Type III	
f	Er	nter the number of supported o	organizations .					[	
g	Pr	ovide the following information	about the supp	orted organization(s).					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No		<u> </u>	
(A)									
(B)							-		
(C)									
(D)					-				
(E)	_				<del> </del>				
Taka					PARTIE NAME OF THE PARTIES OF THE PA	WW-1346-3	<del> </del>		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	87,319	76,422	73,207	35,520	41,156	313,624
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3	87,319	76,422	73,207	35,520	41,156	313,624
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)						
6	Public support. Subtract line 5 from line 4						313,624
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
7 8	Amounts from line 4	87,319	76,422	73,207	35,520	41,156	313,624
9	Net income from unrelated business activities, whether or not the business is regularly carried on	07,319	70,422	73,207	39,920	41,130	313,024
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				_		
11	Total support. Add lines 7 through 10						313,624
12	Gross receipts from related activities, etc					12	313,624
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor				_ <del></del>	r r ———	
14	Public support percentage for 2016 (line		•			14	100 %
15	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ					15	
104	box and <b>stop here.</b> The organization qua						
b	331/3% support test—2015. If the organi			_			
_	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	016. If the organized orga	anization did r -and-circumst :umstances" te	not check a bo ances" test, chest. The organi	x on line 13, 1 neck this box a zation qualifie	6a, or 16b, and and stop here sas a publicly	d line 14 is Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization	ation meets th meets the "fac	e "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and a on qualifies as	stop here. a publicly
18	Private foundation. If the organization d						
	instructions						

Part III	 	<u> </u>	Described in Sec	\ \ (_)

(Complete only if y	ou checked the box	on line 10 of Part I or if the	ne organization failed to qu	ualify under Part II
If the organization	fails to qualify under	r the tests listed below inli	ease complete Part II )	

Section	on A. Public Support			<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(2) 20 12	(2) 20 10	(0) 20 1 7	(4) 2010	//	(1) 10141
	received. (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise					<del>/                                    </del>	
	sold or services performed, or facilities furnished in any activity that is related to the				1		
	organization's tax-exempt purpose			1	,		
3	Gross receipts from activities that are not an				<del></del>		
	unrelated trade or business under section 513	1				İ	
4	Tax revenues levied for the	<del></del>					
·	organization's benefit and either paid				"		
	to or expended on its behalf				,	1	
5	The value of services or facilities	<del></del>		-			
•	furnished by a governmental unit to the			<i>j</i> '		1	
	organization without charge	ļ		, ,			
6	Total. Add lines 1 through 5			<del>, , , , , , , , , , , , , , , , , , , </del>	<del> </del>	<del></del>	<del></del>
7a	Amounts included on lines 1, 2, and 3	<del></del>	<del></del>				
	received from disqualified persons .			1			
ь	Amounts included on lines 2 and 3						
-	received from other than disqualified	ļ		f.		į į	
	persons that exceed the greater of \$5,000		/	·			
	or 1% of the amount on line 13 for the year		/			1	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	133 46 3	Transfer to 1	P 1 2 4			
	line 6.)		<b>建筑</b>	A 100			
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		ļi .				
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,	1	<i>"</i>		j	i '	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	, ,	}		}	ļ	
	acquired after June 30, 1975	#					
С	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business		1				
	activities not included in line 10b, whether	/		ļ			
	or not the business is regularly carried on	\- <i>\-</i>		ļ	<b>}</b>		
12	Other income. Do not include gain or	1/			l	[	
	loss from the sale of capital assets (Explain in Part VI.)	<b>/</b>		1		1	
12	Total support. (Add lines 9, 10c, 11,	<del> </del>	<del> </del>	ļ	<del> </del>	<del> </del>	<del></del>
13	and 12.)	1				ļ	
14	First five years. If the Form 990 is for t	he organization	's first segon	d third fourth	or fifth toy w	ear as a section	501(c)(2)
17	organization, check this box and stop he	-			•		· · · · · · · · · · · · · · · · · · ·
Secti	on C. Computation of Public Suppo			<del>, , , , , ,</del>		<del></del>	
15	Public support percentage for 2016 (line			13 column (fl)	<del></del>	15	
16	Public support percentage from 2015 Sc					16	<del></del>
	on D. Computation of Investment In			<del></del>	· · · · ·	1.01	,,,
17	Investment income percentage for 2016			y line 13. colu	mn (f))	17	
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	lid nakabaalea	hav an lun 14	10 10-	معاملات المادة الم		ntions b

#### 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.)

Secti	on A. All Supporting Organizations			=
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<del></del> ·	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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 <b>Part VI.</b>	9c		-
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			
L	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	<del> </del>	+
b	determine whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		-

Do-1	Visit Comment in a Committee of the Comm		····	<u> </u>
Part	Supporting Organizations (continued)		VI	Nie
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		-
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l	
	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		l [	_ 1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	[		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			:
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
<b>360</b> ti	on o. Type ii oupporting organizations		Yes	No
4	Marie a research of the agreement only directors on to obtain divine the tay year also a respectly of the directors		163	110
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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s).			نـــ ــــ
<del></del>		1		
Secti	on 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	ļ		
	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 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			1
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	otion	<u></u>
1		II I SLI U	Clion	3)
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	struci	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
			1.55	
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 <b>Part VI identify</b> 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		1	
	that these activities constituted substantially all of its activities	0-	-	·
	·	2a		<del>                                     </del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			'
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		- <del> </del>	ļ
	activities but for the organization's involvement.	2b	ļ	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
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	3b		

Schedule A (Form 990 or 990-EZ) 2016			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (exp	laın in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sec	tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		l
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supportin	g organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)		
Secti	on D - Distributions	Current Year			
1_	Amounts paid to supported organizations to accomplish exempt purposes				
2	The state of the s				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (pnor IRS approval required)				
6_	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2016 from Section C, line 6				
_10	Line 8 amount divided by Line 9 amount				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.		-		
3_	Excess distributions carryover, if any, to 2016:				
a_					
<u>b</u>					
c	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
<u>i</u>	Carryover from 2011 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7:		! 		
a	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016				

Scriedule A (F	-orm 990 or 990-E2) 2016 Page <b>o</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
This 990 is	provided to the directors via email and also at a scheduled board meetig.
Each board	I member is asked to provide any information relating to any conflict of interest while serving on the board. This is done
periodically	y as a reminder.
The New Y	ork Attorney General's office requires that a copy of the 990 be filed with their office any they post the report
on their we	bsite for public viewing.
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