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

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

Department of the Treesury

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

Open to Public

Inter		Je Service		mation abou		and its ii	Buddons				omisso. v			Jec (IOI)	للجيسية
<u>A</u>			lendar year, or ta						and e	nding			416 - 41		
В	Check if	applicable.	C Name of organiza		ORTH HOUS	ING FOL	INDATION C	PE			D Emplo	yer iden	tification numb	ær	
Ш	Address	change	Doing business a								4				
	Name ch	anaa	Number and street	•	mail is not delivi	ered to stre	et address)	Room	/suite		20-83360				
$\Box$	ranse Cit	niñe	3401 HIGH STR	REET							E Teleph	one num	ber		
$\sqcup$	initial reti	ım	City or town				State	ZIP ∞	de		303-296-	8529			
	Const nation	. An annua annua	DENVER			(	<u>co</u>	8020	)5		1000 200	JOLU			
	ringi letun	vterminated	Foreign country	name	Foreign provi	nce/state/c	ounty	Foreig	ın postal	code	1				
	Amended	t return									G Gross	receipts	<u> </u>	<u> </u>	3,714
	A markemba		F Name and address	e of pancinal off	icar						his a group reb			Tyes [	X No
ш	Application	on pending	1				00005						-	== =	==
			Clarence William	ns 3401 High	Street, Der	iver, CO	80205		<del>-</del> %),	1/3	re all subordu		_	Yes	No
1 .	Tax-exem	pt status	X 501(c)(3)	501(c) (	) <b>4</b> (ins	entno)	4947(a)(1	) or 📙	527	13 H	"No," attach	alist (se	e instructions)		
J '	Website	e: ► N/A	(		<del></del>				<del></del>	H(c) G	roup exempti	on numb	er 🕨		
					7			Ï	T. v.					domesto	
		rganization		Trust	Association		er ▶		LYE	ar of form	nation 20(	3/	VI State of legal	dornicie	CO
J	art I		mmary					,			<del> </del>				
_	1	Briefly o	tescribe the orga	nization's mis	ssion or mos	t signific	ant activitie	es.	To p	rovide	family, eld	erly an	i <u>d</u>		
물		handica	pped-accessible	housing to lo	w income re	esidents	of the Curti	s Park	neigh	borhoo	od in				
ē		Denver	Colorado												
é	2		his box ▶ ii	the organiza	tion discont	inuad ite	operations	or die	magad	of mo	ne than 25	% of its	net assets		
ő	3		of voting member	•			-	0 010	POOCO	. 00.		3	1		9
- ಇರ	4								 - 1h)			4			<del></del>
~ <b>8</b>	ì		of independent												<del></del> 7
Z CUTO Activities & Governance	5		mber of individua				16 (Paπ V, I	iine 2a	)			5			
ਂ ਉ	6		Total number of volunteers (estimate if necessary)												
</th <th>7a</th> <th></th> <th>related business</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th>· · ·</th> <th>7a</th> <th></th> <th></th> <th>0</th>	7a		related business							•	· · ·	7a			0
	b	Net unr	elated business t	axable incom	e from Forn	1 990-T,	line 34		<u> </u>	<del>, ,</del>	<u> </u>	7t			0
2		Contributions and grants (Part VIII, line 1h)										rent Year			
- 9	8												0		0
ַ בַּ	9	Progran										5,27	0		2,423
Revenue	10	Investm	estment income (Part VIII, column (A) ines 3 1/4/and d)								0		0		
	11		evenue (Part VIII,					e) .	,			733,92	927 751		
-	12	Total rev	renue—add lines 8	through (r	nust equal Pa	art VIII. co	olumn (A). li	ne 12)				739,19		75	53 714
<i>-</i>	13	Grants	and similar amou	nts paid (Par	t X column	Alline	s/123)						0		0
2	14	Benefits	s paid to or for me	embers (Part	-tX=column	(A)~line	46						0	,	0
م را	1	Benefits paid to or for members (Part-IX; column (A), line 4)  Salaries, other compensation, employee benefits (Part IX; column (A), lines 5-10)							191,18	5	25	52,794			
Expenses	16a				IX, column (A); tine 11e)								0		0
ĕ	Ь		ndraising expens					•	0	2.19			115.47	40 C + 1	
蓝	17		xpenses (Part IX,							BOOK THE		583,60			36,101
	18							. as		<b></b>		774,78			
	19		penses, Add line				mn (A), ime	25).	•						18,895
		Revenu	e less expenses	Subtract line	18 from line	e 12		•	<u> </u>	<del> </del>		-35,59			55,181
Net Assets or		T-4-1		441						Begin	ning of Curr			of Year	
98	20		sets (Part X, line									998,72			32,884
2	21		bilities (Part X, lir	•			•					367,65			3,097
			ets or fund balan	ces Subtract	line 21 fron	n line 20		•	<u> </u>	1		631,07	<u> 2 </u>	1	10,213
	art II		nature Block	· · · · · · · · · · · · · · · · · · ·											
Und	er penalt	es of penui	y, I declare that have	examined this n	eturn, including	accompan	ying schedules	and sta	rtements	s, and to	the best of m	y knowle	dge		
and	belief it	is true, com	ect, and complete e	claration of prepa	irer (other than	officer) is b	ased on all inf	ormation	of which	h prepan	er has any kn	owledge	·		
Si	gn			401/	<u> </u>						11)	14	<del>                                     </del>		
	ere		Signature of officer	, 12 1	. 1.	1	~ ^				Da	te	' (		
			- TAVII	> 124	UL		RCL.	`							
			Type or print name a	ind title											
		Par	nt/Type preparer's nam	ne	Pre	parer's sign	ature			Da	ate	Chart	. — "   <sup>РП</sup>	N	
	iid	J	THE A Achby		19	1	Cal		-1	٥	/14/2017	Check self-e		1273274	4
	epare		aus A Ashby			- L				1 0				1213212	7
Us	se Onl	<i>y</i> —		son Ashby G			<del> </del>				Firm's EIN		1273769		
			n's address 🕨 925	So. Niagara :	Street,, Ste	360, Der	ver, CO 80	224			Phone no	303	3-825-4072		
Ma	y the If	RS discus	s this return with	the preparer	shown abo	ve? (see	instruction	s)					X	Yes	No
														om 990	
70	raper	401 Y 100	luction Act Notice	r, see ine sep	arate instru	cuons.								um コゴU	(2010)



Form 9	90 (2016)	EPWORTH HOUSING FOUNDATION CPE	20-8336076	Page <b>2</b>
, Pai	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission		
	To provi	de family, elderly and handicappped-accessible housing to low-income residents of		
	the Curt	s Park neighborhood in Denver, Colorado		
2		organization undertake any significant program services during the year which were not listed on	<b>_</b>	
	-	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	□ ,,	
	services		Yes	X No
		describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program services is Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alli		
		expenses, and revenue, if any, for each program service reported	Jealions to others,	
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 870,612 including grants of \$ ) (Revenu	e \$ 753	714 \
40		d operate a low income housing facility		
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	e\$	)
			·	
			••••••	
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue		···
	(	, (	*	
	200			_
4d		rogram services (Describe in Schedule O )	<u> </u>	
4-	(Expens	· · · · · · · · · · · · · · · · · · ·	0)	
<u>4e</u>	rotalpr	ogram service expenses   870,612		

# Form 990 (2016), EPWORTH HOUSING FOUNDATION CPE Part IV Checklist of Required Schedules

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	•	2	-^-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•			
	candidates for public office? If "Yes," complete Schedule C, Part I		3		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,				
	Part III .		5	1	Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			İ	
	"Yes," complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt				
	negotiation services? If "Yes," complete Schedule D, Part IV		9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	-	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		"Eyr		7 ×8,
	VII, VIII, IX, or X as applicable		<b>1833</b>	_`&_	-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			ŀ	
	Schedule D, Part VI		11a	_X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	• •	11b		<u>X</u>
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				v
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	.	11c		<u> X</u>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	•	116	^	
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·	<del></del> -		<del></del>
	Schedule D, Parts XI and XII	.	12a	İ	Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	- 1			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	.	12b		Χ
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			İ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			İ	
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	.	14b		<u> </u>
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		15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- 1			
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		16		<u> </u>
•	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		4-		v
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	. }	17	+	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	l	18		х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	· . }			
	If "Yes," complete Schedule G, Part III		19		х
					<u> </u>

Form 9	990 (2016), EPWORTH HOUSING FOUNDATION CPE	20-8336076	Р	age 4
Fart	IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ì _ :		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	}		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	_X
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	104-		
	24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
	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	24b		
С	to defease any tax-exempt bonds?	24c		х
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\frac{\hat{x}}{x}$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	140		<del>^</del>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	Х
ь	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	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b	( )	Х
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	26	Х	
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	, 3	3000	^
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	م≎س ب		"3
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<b> </b>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1	1 :	
	Schedule L, Part IV	28b	1	_X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1 1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1 - 1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	130	+	
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>	+	<u> </u>
-	If "Yes," complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		1	
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle	d		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u>.                                     </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		}	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			.,
	VI	37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_		
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	X

<u>P</u> ar.	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a		의	1.00	Q., 1
þ	Enter the member of remine to 20 months and the Enter of the response	의 🧎	-	1 2 2
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		<u> </u>	ئـــــــــــــــــــــــــــــــــــــ
_	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			2
		7	1.7	1. T.Z. 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	$\vdash$	<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	. 87	5,00	<del>                                     </del>
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	542 L	2,348.4	
	(FBAR)		,	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	12.3	(a)	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	47	1 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	130
	and services provided to the payor?	7a	<u> </u>	_ X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	L	<b>└</b> ─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ		l
	required to file Form 8282?	7c	ļ.,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		-1.62	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├—	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del> </del>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	<del> </del>	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<del>   </del>
8	sponsoring organization have excess business holdings at any time during the year?	8	افتتاف	المراد ا
9	Sponsoring organizations maintaining donor advised funds.	10	<del>                                     </del>	<del>                                     </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		. ~ ~ 1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	
10	Section 501(c)(7) organizations. Enter	- T-	1.5	1
а	Initiation fees and capital contributions included on Part VIII, line 12	1:	١.	١.,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7 :		1. :
11	Section 501(c)(12) organizations. Enter			1.5
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7	"	
	against amounts due or received from them )		L.	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		grows ,	1.77
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	ļ_	<del>  </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del> </del>
_	Note. See the instructions for additional information the organization must report on Schedule O	1	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	-		,
_	the organization is licensed to issue qualified health plans . 13b			
C 142	Enter the amount of reserves on hand  Did the amount of reserves on hand	+	├	+
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X_
<u>       b                             </u>	<u>n res, nas it nieu a romi rzu tu repuit tilese payments (il 190, provide an explanation in scriedule O </u>	14b	1	1

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S Check if Schedule O contains a response or note to any line in this Part VI			ons.
Sect	ion A. Governing Body and Management			
1a	Enter 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		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0		*	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3 4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	12 12 12 13	2 mg	,
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	)	
40-	Did the experience have level shorters broughed as offices?	10a	Yes	No X
b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva		<del>  ^-</del>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	-
42	describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	12c	X	├-
13 14	Did the organization have a written whisheblower policy?  Did the organization have a written document retention and destruction policy?	14	x	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		2.50. [1] 2 [2]	
а	The organization's CEO, Executive Director, or top management official	15a	Х	L
ь	Other officers or key employees of the organization	15b	X	
16a	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 arrangement	·	_	,
	with a taxable entity during the year?	16a	<u> </u>	_ X_
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	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 (Section 501(c)(3)	)s only	/)	<b></b>
19	available for public inspection. Indicate how you made these available. Check all that apply  Own website	icv ar	nd	
	financial statements available to the public during the tax year	, · us		
20	State the name, address, and telephone number of the person who possesses the organization's books and records  David Ball & Debra Jackson 303-296-6287	•		
	2770 California Street, Denver, CO 80205			

Form 990 (2016)	EPWORTH HOUSING FOUNDATION CPE	Page
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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the	

- 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unles		Pos neck ss pe	more rson	n re is both an anator/trustee) Former an ator/trustee Compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Clarence Williams	4 00									
Chair	4 00			X	<u> </u>			0	0	0
(2) Ocie Brown	2 00		}	1		ļ		ļ	}	
Directror	2 00		_	L	<u> </u>	<u> </u>		0	0	0
(3) David Ball	5 00	ļ	İ	ļ	ł	Ì	1	}	1	1
Director & Secretary	3 00		┕	X				0	0	0
(4) Kala Greene	2 00		1	ŀ	}	ļ			·	
Director	2 00		1		_	<u> </u>	_	0	0	0
(5) Evelyn Davis	2 00			1	l	ł		Į		
Director & Treasurer	4 00	X	<u> </u>	X	L	<u> </u>	<u> </u>	0	0	0
(6) King H Harris	6 00	l				Ì	Ì	İ	1	
Director & President	8 00		_	X	_	<b>└</b>	L	0	0	0
(7) Jeff Kanost	2 00		İ		Ì	Ì	ĺ	Ì	[	
Director	2 00		┺	L.		<u> </u>		0	0	0
(8) Tracy Alick	3 00		1	ĺ		ĺ		ĺ	1	
Resident Director	2 00	_				<u> </u>	_	0	0	0
(9) Thom Foster	2 00	1		ĺ		1		[	ĺ	
Director	2 00	_	┖	L_		<u> </u>		0	0	0
(10) Stormey Ware	2 00	1		ĺ	1	[	1	[	1	
Director	2 00	X	<u> </u>			<u> </u>		0	0	0
_(11)						į				
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box,	unles er an	ss pe d a d	more rson irecti	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation	ап	(F) timated lount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr orga and	other pensation the anization related nization	on d
(15)												-	<del></del>
(16)										<del>                                     </del>			
(17)				$\vdash$				-					
(18)						$\vdash$		-					
(19)			-	-	-	-		-					<del></del>
(20)			-	-	-		-	-			<del></del>	_	
(21)			-	_	-		-	-					
(22)				-				-					
(23)						-		<u> </u>		,			
(24)			-		-	-	-	-					<del></del>
(25)			-										<del></del>
1b	Sub-total		<u> </u>	L	<u></u>	Ь.		<b>&gt;</b>	0				0
C d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						•	0	<del></del>			
2	Total number of individuals (including but not li reportable compensation from the organization		sted a	bov	/e) v 0	who	rece	ivec	more than \$100	0,000 of			
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	-		loye	ee, d	or hig	hes	t compensated		A ≃ 3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual										4	, , , , , , , , , , , , , , , , , , ,	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual	5	-	 X
Sec	tion B. Independent Contractors	<u> </u>											
1	Complete this table for your five highest compe compensation from the organization. Report co year										tax		•
	(A) Name and business add	iress							(B) Description of se	vices (	(C) Compen		
								$\Box$					0
				_				╀		<del></del>			0
	<del></del>	<del></del>						$\vdash$		<del></del>			0
	<del></del>							†_					0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se i	iste	d abo	-	who received				
						_			<del></del>		Form	990	(2016)

				ON OD!	_						20-8	336076	Page 9
990 (		_	EPWORTH HOUSING FOUN										П
<u>t V</u>	11		Statement of Revenue Check if Schedule O contains a	raenanse at f	ote t	any line in	this P	art VIII					·
			Check if Schedule O contains a	esponse of the				(A) al revenue	Rel	(B) ated or tempt	(C) Unrelate busines	s I	(D) Revenue excluded from
				· · · · · · ·	T <sub>a</sub> te				fu	venue	revenu	e ta	under sections 512-514
_		_	de sated comparants	1a		0	4	·		. **3		, .	
1  و	la		ederated campaigns	. 1b		0	- *** .74	2	×2.5	*** W A	,		
and Other Similar Amounts	b		lembership dues	10	Π	0	) -	· •	17.		• • • • • • • • • • • • • • • • • • • •		7 7
	C	F١	undraising events	10	_	0	]	- 1 g - 1 a - 1		*~~		P	Action - In-
	d	R	elated organizations	16	_		5 -	ه ، <sub>الاوت</sub> ، -	1		77.5		•
Ē	е	G	Sovernment grants (contributions)		+-		7	٠		***	~ `		
2	f	Α	Il other contributions, gifts, grants	, and   e   11	.	C	ن ار	1	1. 3	- <del></del> -,	30 -		in Political Comp
퇿		c	imilar amounts not included above	e <u>L'</u>				9,5	1		20 Y	r.	•
밁	g	N	loncash contributions included in line	es 1a-1f: \$			# * * ·	````	- " in"			: ``	×
盲	h	Т	otal. Add lines 1a-1f			usiness Code	+-			- ` -			فقد والأراسكيك
+					·			2,423	3 · · · · · ·	2,423			
	2a	- 1	aundry & Vending Revenue		_	1310	+	2,420					
\$	b		Other		53	1390							
¥		-	Julei		<u> </u>				5				
5	C												
S	a	٠.			L		_		0		+		
Program Service Reveilue	е	· .	All other program service revenue	<del></del>	_				<u> </u>		25 - 35	-7	<i></i>
<u>6</u>	1	t 4	All other program service revenue				<u> </u>	2,42	3 -==		-	<u>`</u>	
<u>-</u>	9	1_	Total. Add lines 2a-2f Investment income (including divi	dends intere	st. ar	nd	1		1		l		
	3		Investment income (including divi	donied,	•	•	▶		의		<del> </del>		<del> </del>
-			other similar amounts)	compt bond n	rocee	eds I	▶ 🗀		이				
	4		Income from investment of tax-ex	(empt bond p	0000	1	▶ □		0				100
- 1	5		Royalties	(ı) Real	$\neg \tau$	(II) Personal	an 3	1.86	:T	1. The second		,	
Ì					<del>_</del> +				**************************************	· # %,		1. 1. 1.	
1	6	a	Gross rents	751,2	91				- 0.	m 4	1		1 34 34 3
			Less rental expenses		-		ᆔ		2 2	F. 7.		*	\$ 122°
		С	Rental income or (loss)	751,2	91		<b>~</b>	751,2	91	751,29	91		
		А	Net rental income or (loss)			(II) Other	-	**			1:	2,	J - 6
	i i	7a	Gross amount from sales of	(i) Securities	$\overline{}$	(II) Outlet	᠆;		7 ~			, *	\$ 33.00 8
	١.	<b>.</b>	assets other than inventory		_이						1 1 1 1 1 1 1		
	1	b	Less cost or other basis	ì	- 1		[``\	rai vil	1 2 E	James Collection	·*· *	- `` ~ 3	***
	1	D	and sales expenses	·	0		_의	**,	-   -		, 1.2		
	1	_	Gain or (loss)		0		이		-1 -	Sustain	~ ~ ~ ~		
	1	C	Net gain or (loss)		_			<u> </u>	-0 -	L- \ F		· ·	2 1
	1	đ	Net gain or (1035)		l		-   `		1	"L		,	
_	1	_	Gross income from fundraising				,	********	. 1	**		*	7" - "
ĭue		8a	Gross income from fandraising	0			1.	4 :	~ } ·:	-w ``,	"	· · · · · · · ·	- \$ 1
/er	1		events (not including \$			ı	1			F		•	
Š	1		of contributions reported on line	,,	а		0						
Other Revenue			See Part IV, line 18		b		0			, , , , , , , , , , , , , , , , , , ,		ž	m day.
₹	1	þ	Less direct expenses				•		0 7	<u> </u>			
0	-	С	Net income or (loss) from fund	alsing events	,		$\neg \uparrow$				'		
	-	9a	Gross income from gaming act	ivities	_		ol			22g)	. X xx4v	, ~	N 1
	١		See Part IV, line 19		a	<del> </del>	- 6		٠ ٢		12		
	١	t	Less direct expenses		b		-		ol				
	1		<ul> <li>Net income or (loss) from gam</li> </ul>	ing activities			+				165		
	-	10:	a Gross sales of inventory, less				اه	• ,	- 1			ç.»	
			returns and allowances		а				Ī				<b>.</b>
	- [	1	h Less cost of goods sold	•	ь	L	<del></del> "		اه		1		
	- {	ď	c Net income or (loss) from sale	s of inventor		<del></del>			—∸†				
	-	_	Miscellaneous Revenue	)		Business	Code		اه		_		
	ł	44			. <b>.</b> .				- 0				
	- }	11											
	- 1		b						_ 의				
	ļ		C . All other royento						0	12			
	١		d All other revenue . e Total. Add lines 11a-11d				<b>4</b>		0		3,714		0
	٠,								3,714				

following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Χ (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 0 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 194,829 194,829 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 43,692 43,692 Other employee benefits 14,273 14,273 Payroll taxes 10 Fees for services (non-employees) 51,850 51,850 Management 24,720 24,720 Legal b 23,563 23,563 Accounting Lobbying 0 d 0 Professional fundraising services See Part IV, line 17 0 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 61,349 61,349 (A) amount, list line 11g expenses on Schedule O) 51,570 51,570 12 Advertising and promotion 0 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 0 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 74,958 74,958 20 21 Payments to affiliates 155,665 155,665 Depreciation, depletion, and amortization 22 22,342 22,342 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column 一切野女 (A) amount, list line 24e expenses on Schedule O) 69,197 69,197 Utilities 45,283 45,283 h Supplies 21,924 21,924 Garbage & Trash С 50,388 50,388 Maintenance Contracts All other expenses 13,292 13,292 48,283 25 Total functional expenses. Add lines 1 through 24e 918,895 870,612 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

Form 990 (2016), EPWORTH HOUSING FOUNDATION CPE 20-8336076 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 240,569 Cash--non-interest-bearing 149,138 Savings and temporary cash investments 2 3 0 Pledges and grants receivable, net 3 208 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9.390 9.831 Prepaid expenses and deferred charges Land, buildings, and equipment cost or ~~~<u>~~</u>\*\* 3.900.622 other basis Complete Part VI of Schedule D 10a 3,561,231 10b 925,567 10c 2,975,055 b Less accumulated depreciation 11 investments—publicly traded securities 0 11 Investments—other securities See Part IV, line 11 0 12 0 12 0 13 0 13 Investments-program-related See Part IV, line 11 0 0 14 14 Intangible assets 31,187 15 30,002 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 3,998,723 16 3,282,884 16 169,731 17 214,924 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule. D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 308,763 disqualified persons Complete Part II of Schedule L 22 236,342 2,877,195 23 2.827.977 23 Secured mortgages and notes payable to unrelated third parties 0 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 11,962 13.854 3,367,651 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. \*\*\* 154,968 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund

154,968

3.522.619

-10.213

-10,213

Form 9	990 (2016) EPWORTH HOUSING FOUNDATION CPE	2	0-8336076	Pag	<sub>12</sub>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		753	3,714
2	Total expenses (must equal Part IX, column (A), line 25)	2		918	3,895
3	Revenue less expenses Subtract line 2 from line 1	3		-165	,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		154	,968
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 O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		-10	,213
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		·		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			g, /275	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,		į
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				,
	reviewed on a separate basis, consolidated basis, or both		1 .	- 3	;
	X Separate basis Consolidated basis Both consolidated and separate basis		- 22	, , , , , , , , , , , , , , , , , , ,	1. 1.45.
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				,
	separate basis, consolidated basis, or both			غۇرى. *	***
	X Separate basis Consolidated basis Both consolidated and separate basis		, ,		,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f	8	٠,	5 /
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	· 1
	If the organization changed either its oversight process or selection process during the tax year, explain in			,	
	Schedule O				-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ		
	the Single Audit Act and OMB Circular A-133?		3a	х	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Χ_	
			Form	990	(2016)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

➤ Attach to Form 990 or Form 990-EZ.

Inspection 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

Department of the Treasury Internal Revenue Service Name of the omanization

Employer identification number

**EPWORTH HOUSING FOUNDATION CPE** 20-8336076 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (i) Name of supported organization (III) Type of organization (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

supported organization

instructions

Sche		H HOUSING FOL				20-833607	Page <b>2</b>
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sect	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	<u>7</u>
	(Complete only if you checke	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization faì	led to qualify und	der 🕖
	Part III If the organization fa	uls to qualify un	der the tests in	sted below, ple	ase complete F	art III.)	_ <del>/</del>
Sec	ction A. Public Support			,			<u> </u>
Cale	ndar 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 ")	```					0
2	Tax revenues levied for the organization's					/	
	benefit and either paid to or expended on	}			į		
	its behalf						0
3	The value of services or facilities				{		
	furnished by a governmental unit to the	•					
	organization without charge	}					0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	, , , , , , , , , , , , , , , , , , ,	1.			, , , , , , , , , , , , , , , , , , ,	
	person (other than a governmental unit		F 1	2	/	-	
	or publicly supported organization)		· · · · · · · · · · · · · · · · · · ·			S	
	included on line 1 that exceeds 2%	,,,,	1 1	الآر الآر الآر الآر الآر الآر الآر الآر			
	of the amount shown on line 11,		· · · · · · · · · · · · · · · · · · ·	The state	√ 34		
	column (f)	* of ; . ; st	·	The state of the state of	7 1 1 VR 2 1 1 VR 2 1 1 1	\$2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
6	Public support. Subtract line 5 from line 4		, A.		<u>`</u>		0
	ction B. Total Support	<b></b>		<del></del>	<del></del>	<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	0	0	. 0
8	Gross income from interest, dividends,	1			İ	i	
	payments received on securities loans,	1		,	į		
	rents, royalties and income from similar	ĺ			Ĺ		
	sources	L		·			0
9	Net income from unrelated business	{	ĺ	,	•		
	activities, whether or not the business is	1	,′	,	ļ		
	regularly carned on			<u></u>	<u> </u>	<u> </u>	0
10	Other income Do not include gain or	,	[	\		[	
	loss from the sale of capital assets	<b>'</b>		(	1	[	
	(Explain in Part VI)	ļ	ļ			<del>    -</del>	0
11			<u> </u>	<u></u>	( ) ( ) ( ) ( ) ( )	7 4 2 2 2 2	0
12	Gross receipts from related activities, etc. (s	,			,	12	
13	First five years. If the Form 990 is for the o	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here		<del></del>				
Se	ction C. Computation of Public Su				<del></del>		
14	Public support percentage for 2016 (line 6,			<b>(f)</b> )		14	0 00%
15	Public support percentage from 2015 Scheo					15	0 00%
16a	33 1/3% support test—2016. If the organiz			3, and line 14 is 33	1/3% or more,		
	and stop here. The organization qualifies a						• <u> </u>
t	33 1/3% support test—2015. If the organiz				is 33 1/3% or more	e, check this	_
	box and stop here. The organization qualifi	ies as a publicly su	pported organization	on .	•		▶ [
17a	1 10%-facts-and-circumstances test-201						
	is 10% or more, and if the organization mee						
	Part VI how the organization meets the "fac	ts-and-circumstand	es" test. The organ	nization qualifies as	s a publicly support	ea	
	organization	E If the assesses	n did not about - 1	hay an line 12 10-	16b or 17a on 1	lina	P L
K	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in	o. If the organization	on did not check a l d-circumstances" to	est, check this box	and stop here. F	xplain in	
	Part VI how the organization meets the "fac					•	P

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

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

• •	_	` '` '	
(Complete only	if you checked the box of	n line 10 of Part I or if the organization failed to qualify	under Part II
If the organization	on fails to qualify under t	he tests listed below, please complete Part II.)	

Calendary year (or fiscall year beginning in)   Calendary year (or fiscall year beginning in)   Calendary year (or fiscall year beginning in)   Calendary year (or fiscall year beginning in)   Calendary year (or fiscall year beginning in)   Calendary year (or fiscall year beginning in)   Calendary year (or fiscall year year) unsual grass 7   Carea recept from admission, more changes sold or winces performed, or facilists of the cognizations of the cognizations of the cognizations of the cognizations of the cognizations of the cognizations of the cognizations of the print to or expended on its behalf   Calendary year (or fiscall year)   Calendary year (or fiscal year beginning in)   Calendary year (or fiscal year beginning in)   Calendary year (or fiscal year year)   Calendary year (or fiscal year beginning in)		tion A. Pablic Support	<del></del>		<del>- 112-7</del> 1	<del></del>		<del></del>	<del></del>
The content of the	Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
2 Gross receipts from admissions, mechanics solid or services performed, or facilities furnished in any activity blast in related to the organization to exempt purpose and according to the post of the programment of the post of the p	1	•						}	_
sold or sevices performed, or fiscalities formed to the organization's face exempt purpose (marked to any articly data in reliant to the organization's face exempt purpose (across receipts in the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the program of the sevice of the sevice of the program of the sevice of the program of the sevice of the program of the sevice	2								0
termited on any activity that a resized to the organization's exercispt purpose organization's exercispt purpose organization's exercispt purpose organization's exercispt purpose at a content of the organization's exercispt purpose at a content of the companization's exercispt purpose at a content of the companization's exercispt purpose organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization organizat	-	•				ĺ			
3 Coss necests from activetes that are not are unrelated trader to business user section 513  4 Tax revenues levels for the organization's benefit and either paid to or expended on its behalf or expended on its behalf and either paid to or expended on its behalf surrished by a governmental unit to the organization without charge  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 Total. Add lines 1 through 5  8 Amounts included on lines 1,2, and 3 received from disch train disqualified persons  b. Amounts included on lines 2 and 3 received from disch train disqualified persons that exceed the greater of \$5,000 or 1% of the amounts on the 1% for the year  c. Add lines 7 and 75  8 Public support (Subtrapport College)  Calledard year (Fortsel year beginning in)  9 Amounts from line 6  10 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Collegard year for sintense, dividende, payments received on southers based in come (less section 511 lizes) from businesses acquired after June 30, 1975  10 Add lines 1 lines 1 for the lines 10 (lines 1 lines) (		furnished in any activity that is related to the	ĺ	ĺ				İ	
Unrelied trace or business under extend 133 benefit and either part to or expended on its behalf		organization's tax-exempt purpose	701,756	741,947	724,434	739,197		753,714	3,661,048
Tax revenues levied for the organization's benefit and either pair to or expended on its behalf  5. The value of services or facilities turnished by a governmental unit to the organization without charge 6. Total Add lines 1 through 5 7.01,756 7.41,947 7.24,434 7.39,197 7.53,714 3.661,048 7.24,034 7.39,197 7.53,714 3.661,048 7.24,034 7.39,197 7.53,714 3.661,048 7.24,034 7.24,034 7.24,034 7.24,034 7.25,197 7.25,114 7.26,104 7.26,104 7.26,104 7.26,104 7.26,104 7.26,104 7.26,104 7.26,104 7.27,104 7.26,104 7.27,104 7.26,104 7.27,104 7.26,104 7.27,104 7.26,104 7.27,10	3	Gross receipts from activities that are not an		1					
benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add times 1 through 5  7 Annouris miculated on lines 12, and 3 received from disqualified persons b Annouris miculated on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lines 3 for the year. c Add lines 7 and 75  Public support (Subtract lane 7c from line 6   0		ľ							0
Section B. Total Support	4	•	1					}	
The value of services or facilities furnished by a governmental unit to the organization without charge organization without charge (a for the organization without charge organization without charge (a for the organization without charge organization without charge (a for the organization organization organization of Public Support (Subtract Iner 2 for the organization of I taxes) from uncertainty cared or organization of Public Support (Subtract Iner 2 for the organization of I taxes) from busnesses acquired after June 30, 1975  c Add lines 10 and 10 b 11 Net income from uncertainty cared on 120 b 120 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 980 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check to box nine 14 and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization of lines 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop fore. The organization of lines 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop fore. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, charge this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not mor		· ' '	}					1	0
furnished by a governmental unit to the oparization furnished by a governmental unit to the oparization without charge 6 Total. Add lines 1 through 5 Tot.,756 Tot.,947 Tot.,947 Tot.,947 Tot.,434 Tot.,947 Tot.,9	_	1							
organization without charge 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year 1 Add lines 7 and 7 b 1 Amounts from line 6 l 2 Add lines 7 and 7 b 2 Public support (Subtract line 7 c from line 6 l 3 Amounts from line 6 l 3 Amounts from line 6 l 3 Amounts from line 6 l 4 Amounts from line 6 l 4 Amounts from line 6 l 5 Amounts from line 7 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 7 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amounts from line 7 l 5 Amounts from line 6 l 5 Amounts from line 6 l 5 Amount	3	· · · · · · · · · · · · · · · · · · ·	į						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons in the content of the distribution of the search of a mount on line 13 for the year content of the distribution of the search of a mount on line 13 for the year content of the distribution of the search of a mount on line 13 for the year content of the distribution of the search of a mount on line 13 for the year content of the distribution of the search of a mount on line 13 for the year content of the distribution of the search of a mount of line 6 lb.  Section B. Total Support  Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, involates and income from smaller sources loss, parameter received on securities losins, rents, revalles and income from smaller sources loss, parameter received on securities losins, rents, revalles and income from unrelated business activities not included in line 10b, whether or not the business is regularly carmed on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 905 7,040 5,378 10 First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501c(x)3 organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2015 Gine 8, column (f) divided by line 13, column (f)) 16 1 Newstment income percentage from 2015 Schedule A, Part III, line 17 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 13 137% support tests—2015. If the organization of not check the box on line 14 or line 18a, and line 18 is more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 1		· •	j				:		Λ
78 Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2, 2 and 3 received from other than disqualified persons that exceed the greater of \$50.00 or 1% of the amount on line 13 for the year	£		701 756	741 947	724 434	739 197		753 714	
received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of 30,000 or 1% of the amount on line 13 for the year of 30,000 or 1% of the year of 30,000 or 1% of the year of 30,000 or 1% of the year of 30,000 or 1% of 30,000 or 1% of 30,000 or		- I	701,730	741,041	124,404	700,107		700,717	0,001,040
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 on 1% of the amount on line 13 for the year of Add lines 7 and 7 b	'a	· · · · · · · · · · · · · · · · · · ·	ĺ					ĺ	0
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c. Add lines 7a and 7b  8. Public support (Subtract hine 7c from line 6)  Section B. Total Support  (a) 2012  (b) 2013  (c) 2014  (d) 2015  (e) 2016  (f) Total  3.661,048  Section B. Total Support  (a) 2012  (b) 2013  (c) 2014  (d) 2015  (e) 2016  (f) Total  3.661,048  701,756  741,947  724,434  739,197  753,714  3.661,048  701,756  741,947  724,434  739,197  753,714  3.661,048  161  b Unrelated business taxable encomes (less section 511 taxes) from businesses acquired after June 30, 1975  c. Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on loss from the sale of capital assets  (Explain in Part VI)  3.702,822  748,987  729,810  739,197  753,714  3.674,530  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  17 Investment income percentage for 2016 (line 8, column (f) divided by line 13, column (f))  18 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  19 Tour support certage for 2016 (line 10c, column (f) divided by line 13, column (f)  10 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)  19 Tour support certage for 2016 (line 10c, column (f) divided by line 13, column (f)  10 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)  10 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)  10 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)  10 Investment income percentage for 2016 (line 10c, column (f) divided by line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here	h	· · ·							<u>_</u>
exceed the greater of \$5,000 or 1% of the around no line 13 for the year  c Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6  701,756  741,947  724,434  739,197  753,714  3,661,048  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6  701,756  741,947  724,434  739,197  753,714  3,661,048  Section 511 taxes) from business can smalar sources  161  b Unrelated business taxable income (fess section 511 taxes) from businesses accurred after June 30, 1975  c Add lines 10a and 10b  10 Net income from unrelated business activities not included in line 10b, whether or not the business regularly carned on 120 Other income be seen from the 20b, whether or not the business is regularly carned on 120 Other income be as of capital assets  (Explain in Part VI)  905  7,040  5,376  13,321  702,822  748,987  729,810  739,197  753,714  3,674,530  13,321  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  17 Opology, and the sale of capital assets of the organization of check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 Interest income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		i		ı	!	į		i	
amount on line 13 for the year c Add innes 7a and 7b 8 Public support (Subtract line 7c from line 6) 8 Public support growth and the year (or fiscal year beginning in) 9 Amounts from line 6 701,756 741,947 724,434 739,197 753,714 3,661,048 739,197 753,714 3,661,048 739,197 753,714 3,674,530 701,756 741,947 724,434 739,197 753,714 761,148		·	Ì			1		}	
C Add lines 7a and 7b 8 Public support (Subtract line 7c from line 8 b) 3 Amounts from line 6 b) 3 Action B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 b 7 701,756 741,947 724,434 739,197 753,714 3,661,048  10a Gross income from interest, dividends, payments received on securities loans, rents, roysless and income from similar sources b Unrelated business taxable income (less section 5.11 taxes) from businesses accruited after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 905 7,040 5,376 133,221  13 Total support. Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 99 63% 17 100 00% 18 Investment income percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 19 33 13/3% support tests—2016. If the organization of check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 33 13/3% support tests—2015. If the organization did not check the box on line 14 or line 19a, and line 18 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 31 13% support tests—2015. If the organization did not check the box on line 14 or line 19a, and line 18 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The or		- ,				}	l	}	n
8 Public support (Subtract hine 7c from Inne 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from inherest, dividends, payments received on securities loans, rents, royalties and income from securities loans, rents, royalties and income from smilar sources 161 b Unrelated business (axable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activaties not included in line 10b, whether or not the business is regularly carned on 120 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2015 Schedule A, Part III, line 15 16 Public support percentage from 2015 Schedule A, Part III, line 17 19 33 1/3% support tests—2016. If the organization of on check the box on line 1 of Ine 199, add line 19 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  3 3 1/3%, support tests—2016. If the organization of on check be box on line 1 of Ine 199, add line 199, and line 191 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  5 33 1/3% support tests—2016. If the organization of hor check the box on line 1 of Ine 199, and line 191 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  5 33 1/3% support tests—2016. If the organization of hor check he box on line 1 of Ine 199, and line 191 is more than 33 1/3%, and line 17 is not more than	_	· · · · · · · · · · · · · · · · · · ·	0	0	0	0		0	
Section B. Total Support	_	ľ	The second			Same W	7 7	70.	<u>~</u>
Section B. Total Support   Calendar year (or fiscal year beginning in)   (a) 2012   (b) 2013   (c) 2014   (d) 2015   (e) 2016   (f) Total	٠	•• '	, , , , , , , , , , , , , , , , , , ,	The state of the s		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			3 661 048
Calendar year (or fiscal year beginning in)	Sec		S 1 4 5	<u> </u>			<u></u>		
9 Amounts from line 6			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2015 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 8, column (f) divided by line 13, column (f))  18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1									
payments received on securities loans, rents, royalties and income from similar sources 161  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  161  0 0 0 0 0 0 0 161  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI)  170  181  183  184  187  189  189  189  189  189  189  189									
rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 99 63% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								ł	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  10 161  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets  (Explain in Part VI)  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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 31 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		• •	161					}	161
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  161  10 0 0 0 0 0 161  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ь	·							
acquired after June 30, 1975  c Add lines 10a and 10b  161  0 0 0 0 161  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI)  905  7,040  5,376  13,321  702,822  748,987  729,810  739,197  753,714  3,674,530  14  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15  Public support percentage from 2016 (line 8, column (f) divided by line 13, column (f))  16  Public support percentage from 2015 Schedule A, Part III, line 15  16  99 63%  Section D. Computation of Investment Income Percentage  17  Investment income percentage from 2015 Schedule A, Part III, line 17  19a  33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		,						1	
c Add lines 10a and 10b  161  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  172  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part VI)  173  Total support. (Add lines 9, 10c, 11, and 12)  184  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  185  Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  196  197  Investment income percentage from 2015 Schedule A, Part III, line 17  198  31/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    X   X   X   X   X   X   X   X   X		'						)	0
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  17 Investment income percentage from 2015 Schedule A, Part III, line 15  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 3 31/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Other income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Other income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Other income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  11 Other income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	С	•	161	0	0	0		0	161
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Divided by line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 Investment income percentage for 2015 (line 10c, column (f) or the organization qualifies as a publicly supported organization  19 Jan 10 Divided by line 10c, column (f) or the organization qualifies as a publicly supported organization  10 Divided by line 10c, column (f) organization qualifies as a publicly supported organization  10 Divided by line 10c, column (f) organization qualifies as a publicly supported organization  10 Divided by line 10c, column (f) organization qualifies as a publicly supported organization  11 Divided by line 10c, column (f) organization qualifies as a publicly supported organization	11	Net income from unrelated business							
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 905 7,040 5,376 13,321 13 Total support. (Add lines 9, 10c, 11, and 12) 702,822 748,987 729,810 739,197 753,714 3,674,530 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 99 63% 17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    X		activities not included in line 10b, whether						-	
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 13,321  1		or not the business is regularly carried on					ł		0
toss from the sale of capital assets (Explain in Part VI)  905 7,040 5,376  13,321  13 Total support. (Add lines 9, 10c, 11, and 12)  702,822 748,987 729,810 739,197 753,714 3,674,530  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  17 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Schedule A, Part III, or 10 Schedule A, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Schedule A, Part III, line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Schedule A, Part III, line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  11 Schedule A, Part III, line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	12								
(Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)  702,822  748,987  729,810  739,197  753,714  3,674,530  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  16 99 63%  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 13,321  11 13,321  12 13,321  13 13,321  13 13,321  14 15 15 15 15 15 15 15 15 15 15 15 15 15		•					}		
Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support. (Add lines 9, 10c, 11, and 12)  Total support support percents. (If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Total support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  Total support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  Total support percentage from 2015 Schedule A, Part III, line 15  Total support percentage from 2015 Schedule A, Part III, line 15  Total support percentage from 2015 Schedule A, Part III, line 15  Total support percentage from 2015 Schedule A, Part III, line 13, column (f))  Total support percentage from 2015 Schedule A, Part III, line 13, column (f))  Total support percentage from 2015 Schedule A, Part III, line 13, column (f))  Total support percentage from 2015 Schedule A, Part III, line 13, column (f))  Total support percentage from 2015 Schedule A, Part III, line 17  Total support percentage from 2015 Schedule A, Part III, line 17  Total support percentage from 2015 Schedule A, Part III, line 17  Total support percentage from 2015 Schedule A, Part III, line 17  Total support percentage from 2015 Schedule A, Part III, line 17  Total support percentage from 2015 Schedule A, Part III, line 13, column (f)  Total support percentage a section 501(c)(3)  Total support percentage a section 501(c)(3)  Total support percentage from 2015 Schedule A, Part III, line 15  Total support percentage from 2015 Schedule A, Part III, line 15  Total support percentage from 2015 Schedule A, Part III, line 15  Total support percentage from 2015 Schedule		•	905	7,040	5,376		L		13,321
and 12 ) 702,822 748,987 729,810 739,197 753,714 3,674,530  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19	13								
organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • X			702,822	748,987	729,810	739,197	<u></u>	753,714	3,674,530
Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 00%  11 17 000%  12 00%  13 1/3% support tests—2016. If the organization did not check a box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 00%	14	First five years. If the Form 990 is for the o		second, third, fourth	n, or fifth tax year a	is a section 501(c)	(3)		,
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  15 99 63%  Public support percentage from 2015 Schedule A, Part III, line 15 16 99 62%  Section D. Computation of Investment Income Percentage  Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage for 2016 (line 10c, column (f))		organization, check this box and stop here							▶
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  15 99 63%  Public support percentage from 2015 Schedule A, Part III, line 15 16 99 62%  Section D. Computation of Investment Income Percentage  Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 01%  Investment income percentage for 2016 (line 10c, column (f))	Sec	tion C. Computation of Public Su	pport Percenta	age					
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19a 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					f))		15		99 63%
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 00%  11 17 000%  12 00%  13 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  12 18 000%  13 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	16	Public support percentage from 2015 Sched	ule A, Part III, line	15			16		99 62%
Investment income percentage from 2015 Schedule A, Part III, line 17  19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 0 0 1%  19a 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	tion D. Computation of Investmen	it Income Perc	entage					
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17	Investment income percentage for 2016 (line	e 10c, column (f) di	vided by line 13, co	olumn (f))		17		0 00%
not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	18	Investment income percentage from 2015 Se	chedule A, Part III,	line 17			18		0 01%
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a	33 1/3% support tests-2016. If the organi	zation did not ched	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	17 is	_
fine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						-			► X
	b								. —
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			•	<del>-</del>	•	• • • •		n	<b>▶</b>
	20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	<u> </u>		<u>·· • • [ ]</u>

#### Part IV Supporting Organizations

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

Section	Α.	ΑII	Sup	porting	Organ	nizations
---------	----	-----	-----	---------	-------	-----------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 6 8 9a 9b 9c 10a 10b		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	~	•	
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	-		
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	# # A	1	<i>2-</i> `
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 55a 5b 5c 7 7 8 8 9a 9b 9c 10a	,	*:	1.5
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	_2_		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	,	ľ	
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	33		12. ·
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	<u>Ja</u>	<del></del>	<u> </u>
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		, !	1
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	~	^*	
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3h	1	
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c	-00		<del></del>
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c			-
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c	3c	i .	
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c	i		
4b 4c 5a 5b 5c 7 8 9a 9b 9c			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c   5a   5b   5c   5c   7   8   9a   9b   9c   10a	,		}
4c   5a   5b   5c   5c   7   8   9a   9b   9c   10a	, , , , , , , , , , , , , , , , , , ,	[ _,	**
4c   5a   5b   5c   5c   7   8   9a   9b   9c   10a	·	h '`	
4c   5a   5b   5c   5c   7   8   9a   9b   9c   10a	40	<u> </u>	
5a	2.00	řú.	~
5a	- 3 × "	,	
5a		٠,	
5a			٠
5a	4c	L	
5a	* -		,
5a			100
5a	1 m 1 m		-
5a	42.		
5b 5c 6 7 8 9a 9b 9c 10a	~~ ^`	1	1 3
5b 5c 6 7 8 9a 9b 9c 10a	59		}
5c 6 7 8 9a 9b 9c 10a	Ja		<del>                                     </del>
5c 6 7 8 9a 9b 9c 10a	2 4		
5c 6 7 8 9a 9b 9c 10a	<u>5b</u>		L
6 7 8 9a 9b 9c		L . 1	i _
9a 9b 9c	F		$\Gamma$
9a 9b 9c		١, ١	150
9a 9b 9c	14 18		
9a 9b 9c	<b>.</b>		'
9a 9b 9c	6		}
9a 9b 9c	, -		<b></b>
9a 9b 9c	1	,	ľ
9a 9b 9c	``	-	* ·
9a 9b 9c	_7	1	L_
9a 9b 9c 10a		[.	J~4
9a 9b 9c		1	) ^
9b 9c	<b> -</b> -	├	├
9b 9c	1-,		
9b 9c	ľ		·
9b 9c	92	[	!
9c	1 30	<del> </del>	<del> </del>
9c	-		-
10a	9b		<u> </u>
10a	L	l	
10a	90	[ "	` `
1 1 1	<b>-</b>	-	<del>                                     </del>
1 1 1	1	1	1
1 1 1	l	1	۱.
1 1 1	10a	1	1
10b		_	Ι
1100	1404	1	-
	1100		

Part	IV Supporting Organizations (continued)			
			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)	52		. <u>.</u> .
	below, the governing body of a supported organization?	11a	<u> </u>	
þ	A family member of a person described in (a) above?	11b	↓	
С	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	<u>L</u>	<u> </u>
Sect	ion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ĭ.,	:	*- ,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-	2	
	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,	1.	- 7	
	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	1		<del></del>
2	Did the organization operate for the benefit of any supported organization other than the supported	35		ľ .,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	, ,	ş. ·	· ''
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2	- <sup>1</sup> <sup>1</sup>	
Soct	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations	1-2	L	Ь—
Ject	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u></u>	103	1.10
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			270
	or management of the supporting organization was vested in the same persons that controlled or managed	1. 3	1	-312
	the supported organization(s)	1	\^`	^ *
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ا چار		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3	] ·	,* )
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			-, 4 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1 5
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ر معمودات	7. 3.	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ	3-	137
	significant voice in the organization's investment policies and in directing the use of the organization's	100		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1 mm		1 1 2:
	supported organizations played in this regard	3	l	<u> </u>
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions	;).
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		].	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	''	1	
	how the organization was responsive to those supported organizations, and how the organization determined	1	1	'
	that these activities constituted substantially all of its activities	2a		<u> </u>
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	ŀ., ,	-	
	reasons for the organization's position that its supported organization(s) would have engaged in these	, ,		
	activities but for the organization's involvement.	2b	<u> </u>	<u></u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		<b> </b>
	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	<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 <b>Part VI</b> the role played by the organization in this regard	3b	1	ļ

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nzatio	ons must complete Sections	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	0	0
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	1		ı
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	12.	,	
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	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		•	
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Carried to the contract of	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	Engh	0
5 Income tax imposed in prior year	5	# 1 T	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
emergency temporary reduction (see instructions)	6	194	0
7 Check here if the current year is the organization's first as a non-functional instructions)	ly inte	egrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount	<del>,</del>	<del></del>	0 000
	Section 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	13 63 / 17.	* * **	0
	Underdistributions, if any, for years prior to 2016	) <sub>2</sub> , , , , , ,		
2	(reasonable cause required—explain in Part VI) See			
	instructions		,	
3_	Excess distributions carryover, if any, to 2016		<u> </u>	1 to the second
a				, , , , , , , , , , , , , , , , , , , ,
<u> </u>		, 4 / " /	72-1-1	
C	From 2013 0			· , · · · · · · · · · · · · · · · · · ·
d	From 2014 0	<u> </u>		n nynger er graff
e	From 2015 0	<del> </del>		· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e	0	193 11, 3 12, 23, 72, 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>	Applied to underdistributions of prior years	,	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u></u> h	<del></del>			0
	Carryover from 2011 not applied (see instructions)	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *
4	Remainder Subtract lines 3g, 3h, and 3i from 3f  Distributions for 2016 from	<u>.</u>		
4	Section D, line 7 \$ 0	) · · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,
	Applied to underdistributions of prior years		0	
<u>a</u>	Applied to underdistributions of prior years  Applied to 2016 distributable amount	***		0
	Remainder Subtract lines 4a and 4b from 4	0	2 2 24	. ,,
<u>_</u>	Remaining underdistributions for years prior to 2016, if	7 7 7	* * * * * * * * * * * * * * * * * * * *	*************
•	any Subtract lines 3g and 4a from line 2. For result	1	]	****
	greater than zero, explain in Part VI See instructions	***	) o	5-2
6	Remaining underdistributions for 2016 Subtract lines 3h	· · · · · · · · · · · · · · · · · · ·		
-	and 4b from line 1 For result greater than zero, explain in	The second profile with the second		
	Part VI See instructions		1	0
7	Excess distributions carryover to 2017. Add lines 3			, is
	and 4c	0	100 m	
8	Breakdown of line 7		A TANK	· A ·
a		- 3e - 2e		
b		and the same	· "我们"	
С		\$ <sup>3</sup> 2 3 7 7 2 5	7 7	1.3
d		¥	~ <b>L</b> S	
e		, .		

Schedule A (F,	orm 990 or 990-EZ) 2016 EPWORTH HOUSING FOUNDATION CPE	20-8336076 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, if B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section II, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	17a or 17b, Part Part IV, Section E, lines 1c, 2a, 2b,
	<del></del>	
	·	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

### SCHEDULE L (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EPWORTH HOUSING FO	UNDATION CPE	Ē ,					20-83	36076	5				
	it Transactions organization a									V, line	e 40b		
1 (a) Name of disqualif	ied person	(b) Relationship be	etween organiz		person and		(c) Description of transaction			(d) Cor Yes	rected?		
(1)	<del></del>	· <del>- · · · · · · · · · · · · · · · · · ·</del>											
(2)							-						
(3)		_											
(4)													
(5)													L
(6)						<u> </u>							
<ul><li>2 Enter the amount of under section 4958</li><li>3 Enter the amount of</li></ul>	·	J			·	·	ns during the ye	ear		➤ \$ ➤ \$	_		
Complete if the	for From Interests organization as eported an amou	nswered "Yes" int on Form 990 (c) Purpose	), Par (d) l		, 6, or 22 (e) Ongir	nal	or Form 990, P			(h) Ap	proved		Intten
	with organization	of loan	orga	anization?	poncipal an	nount		Yaa	l Na	comm	ard or		ment?
(4) Vina Harria	President	Operating Cor	То	From	3.01	6,390	211,168	Yes	No X	Yes	No	Yes	No
(1) King Harris	Fresident	Operating Cap	-	<del>  ^</del>	3,01	0,390	211,100		-^-	-		<del>  ^</del>	
(3)	<del> </del>		$\vdash$	+	<u> </u>		<del></del>		<del> </del>	<del> </del>			<del>                                     </del>
(4)	<del> </del>		<del>                                     </del>	+	<del> </del>			<del>                                     </del>	<del> </del>	<del>                                     </del>	<u> </u>		
(5)	†							<b>†</b>					
(6)				<u> </u>									
(7)				-									
(8)													
(9)													
(10)													
Total						▶ \$	211,168		, .	. ·	,		7.
	s <b>istance Benefi</b> e organization a				Part IV, line	27_							
(a) Name of interested person		ship between intere and the organization		(c) Amount	of assistance	(	d) Type of assistance	e	(6	e) Purpo	ose of a	ssistan	ce
(1)												,	
(2)													
(3)													
_(4)													
(5)		<del></del>											
(6)									<u> </u>				
(7)									<u> </u>				
(8)						├			<u> </u>				
(9)					<del></del>	<del> </del>			-				
(10)						<u> </u>			L	_			

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	anng of zation's nues?
					Yes	No
(1)				<del> </del>		<u> </u>
(2)		<del></del>	<del> </del>	<del> </del>	<del></del>	├
(3)		<del></del>	<del> </del>		<del></del>	
(4) (5)					-	<del>                                     </del>
(6)		<del></del>			$\dashv$	
(7)						
(8)						
(9)	<u></u>		ļ			<u> </u>
10)			L	<u> </u>	Щ	<u> </u>
Part V	Supplemental Information	for responses to questions on	Schedule I (see ins	structions)		
	Trovide additional information	To responses to questions on				
	~					- <b>-</b>
		,				
		1	••			

## SCHEDULE D · (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name	of the organization		Employer identification number
EPW	ORTH HOUSING FOUNDATION CPE		20-8336076
Part		or Advised Funds or Other Similar	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	·	
2	Aggregate value of contributions to (during year)	 	
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year	. <u> </u>	<u> </u>
5	Did the organization inform all donors and do	<del>-</del>	
	funds are the organization's property, subject	<del>-</del>	
6	Did the organization inform all grantees, dono		
	used only for charitable purposes and not for		[]
	purpose conferring impermissible private beni	ent	Yes No
Par			_
		ered "Yes" on Form 990, Part IV, line	97
1	Purpose(s) of conservation easements held b	·	
	Preservation of land for public use (e.g., recre	· =	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ion held a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		2b
C	Number of conservation easements on a cert	• •	2c
d	Number of conservation easements included		1
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified the tax year ▶	, transferred, released, extinguished, or te	inimated by the organization during
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re		on handling of
•	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, a		
	<b>&gt;</b>	3	
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing coi	nservation easements during the year
	▶ \$	•	
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the		nancial statements that describes
Davi	the organization's accounting for conservation	n easements	or Other Similar Aspets
Par		ections of Art, Historical Treasures vered "Yes" on Form 990, Part IV, line	
		· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim of public service, provide the following amount		anon, or research in fulfilerance
	(i) Revenue included on Form 990, Part VIII,	•	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	into i	► \$
2	If the organization received or held works of a	art historical treasures, or other similar as	sets for financial gain provide the
~	following amounts required to be reported un		· · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> \$
b_	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sched	ule D (Form 990) 2016 EPWORTH HOUSI	NG FOUNDATION	CPE				20-833	6076	F	Page 2
Pari	III Organizations Maintaining	Collections of	Art, His	torical Tr	easures, o	r Other	Similar Ass	ets (con	tinued	1)
3	Using the organization's acquisition, ac	cession, and other	records,	check any	of the follows	ng that a	re a significant	t use of its	3	
	collection items (check all that apply)		_	,						
а	Public exhibition		a L	Loan	or exchange <sub>l</sub>	programs	5			
b	Scholarly research		e [	Other						
С	Preservation for future generation	ns								
4	Provide a description of the organization XIII		explain t	now they fu	irther the orga	anızatıon	's exempt purp	ose in Pa	rt	
5	During the year, did the organization so assets to be sold to raise funds rather							Ye	s 🗆	No
Part				<del></del>						
	Complete if the organization 990, Part X, line 21		on Forn	n 990, Pa	rt IV, line 9,	or repo	rted an amo	unt on Fo	orm	
1a _	Is the organization an agent, trustee, c included on Form 990, Part X?					ther asse	ts not	Ye	s 🔲	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	e the lollo	wing table			<del></del>	Amount		
_	Beginning balance					1c	<del> </del>	Amount		0
c d	Additions during the year					1d	<del> </del>			
e	Distributions during the year					1e	<del> </del>			
f	Ending balance					1f	<del> </del>			0
2a	Did the organization include an amoun	t on Form 000 Par	t V. line 3	1 for eccr	ow or custodi	L:-	nt liability?	TV	s X	No
_	·							₩,	"	140
b	If "Yes," explain the arrangement in Pa	IT AIII Check here	ii the exp	nanation n	as been provi	ded on F	all Alli	<del></del>	<u>. L.</u> J	
Part			For	- 000 Da	u+ IV luna 1/	٦				
	Complete if the organization						d) Three years bac	k (e) Fo		book -
4	December of warming to be a second	(a) Current year		or year 0	(c) Two years	O (	uj Tillee years Dac	0	ur years	
1a	Beginning of year balance Contributions		<del></del>					4		0
b	Net investment earnings, gains,							<del></del>		
·	and losses		1					}		
ď	Grants or scholarships				<u> </u>			<b>—</b>		
e	Other expenditures for facilities		<del>                                     </del>							
_	and programs				1					
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	e current year end	balance	(line 1g, co	olumn (a)) hel	ld as				
а	Board designated or quasi-endowmen	<b>▶</b>	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	<b>&gt;</b> %	-							
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the o	organizati	on that are	held and ad	ministere	d for the	ı		
	organization by							<u> </u>	Yes	<u>No</u>
	(i) unrelated organizations							3a(i)		
L	(ii) related organizations			d on Cabo	dula D2			3a(ii)		
b	If "Yes" on line 3a(ii), are the related or Describe in Part XIII the intended uses	-						3b	1	
Par	VI Land, Buildings, and Equi	pment.				12 500	Form 900 F	art V III		
	Complete if the organization	(a) Cost or o			ost or other		ccumulated		ook value	
	Description of property	(a) Cost or o		1	is (other)		preciation	(a) B	JUN VAIUE	ē
1a	Land			+	433,200			<del></del>	43	3,200
b	Buildings	.		+	3,467,402		925,567			2,202
c	Leasehold improvements		(	+			0		<u> </u>	
d	Equipment						0			
e_	Other						0			
Tota	I. Add lines 1a through 1e (Column (d) i	nust equal Form 99	0. Part X	column (	B), line 10c )		<b>•</b>		341	5 402

Part VII	Investments—Other Securi Complete if the organization a		190 Part IV line 11h See For	m 990 Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of ve Cost or end-of-year	aluation
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
			<u> </u>	
(C)		<u> </u>	<u> </u>	
( <u>D</u> )			<u> </u>	
(E)				<del></del>
(F)			<u> </u>	<del> </del>
			<del></del>	
<u>(H)</u>				
كند حصند عدد	must equal Form 990, Part X, col (B) line 12)			<u> </u>
Part VIII	Investments—Program Rela Complete if the organization a		90, Part IV, line 11c See For	m 990, Part X, Ime 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
_(1)		<u> </u>	<u> </u>	
(2)		<del> </del>	<del></del>	
(3)		<del> </del>		<del></del>
(4)		<del> </del>	<del> </del>	<del></del>
(5)		<del> </del>	<del></del>	<del></del>
(6)		<del></del>	<del> </del>	<del></del>
<u>(7)</u>		<del></del>	<del>}</del>	
(8)	<del></del>		<del> </del>	
(9)	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	<del></del>	<u> </u>	* ** " /1 /w.z- *(
rartix	Complete if the organization a	enswered "Yes" on Form (	990 Part IV line 11d See For	rm 990 Part X line 15
	Complete it the organization i	(a) Description	,00,1 dic10, inic 110 00010	(b) Book value
(1)	<del></del>	(1)		(, = 1 = 1
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			<del></del>	
	nn (b) must equal Form 990, Part X,	col (B) line 15)	<u> </u>	<u> </u>
Part X	Other Liabilities. Complete if the organization alone 25	answered "Yes" on Form 9	990, Part IV, line 11e or 11f S	See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	· · ·	·····
(1) Federal	income taxes		<u> </u>	
(2) Tenant Security Deposits		13,85	4 ^ '	,
(3)			<u> </u>	
(4)			3	
(5)			_}	
(6)			<b>↓</b>	
(7)	·		1 2 2 2	•
(8)	<del></del> _	<u> </u>		•
(9)	<del></del>	<del></del>	<b>↓</b> .	_
	must equal Form 990, Part X, col (B) line 25 )	10,00		<del> </del>
	uncertain tax positions In Part XIII, pro-			
organization's	liability for uncertain tax positions unde	r FIN 48 (ASC 740). Check here	if the text of the footnote has been	provided in Part XIII 🔲

Schedule D (Form 9	990) 2016	EPWORTH HOUSING FOUNDATION CPE	20-8336076 Page	5
Part XIII	Supple	mental Information (continued)		_
				_
				<b></b> -
				~
	•			
	•			<b>-</b>
==				
				-

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2016 Open to Public Inspection

Name of the organization	Employer identification number
EPWORTH HOUSING FOUNDATION CPE	20-8336076
Form 990, Part VI, Section B, Line 11b A copy of the form 990 is provided to all the	
directors for their reveiw, comments and input prior to sending the signed form to the IRS	
Form 990, Part VI, Section B, Line 12c The Borad's Secretarity monitors and enforces	
compliance with the conflict of interest policy. Each director and key employeees are required	
to provide an updated annual report	
Form 990, Part VI, Section C, Line 19 The organizaation makes it's governing documents,	
conflict of interest polilcy and financial statements available to the public upon request	
Form 990, Part IX, Line 22 Depreciation expense is per the audit report	
·	
	·····
	·

Schedule O <sub>s</sub> (Form 990 or 990-EZ) (2016)	
Name of the organization	Employer identification number
EPWORTH HOUSING FOUNDATION CPE	20-8336076
***************************************	
<sub>7</sub>	
	····
	· • • • • • • • • • • • • • • • • • • •