# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No 1545-1150

**Open to Public** Inspection

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the 2	2016 calendar year, or tax year beginning TANUAN , 2016, and en	ding	DEN	MBER 31, 2016
Вс	heck if app	olicable C Name of organization	D Emp		ntification number
	Address ch		. 20	<u>8673</u>	
_	Name char	nge Number and street (or P O box, if mail is not delivered to street address) Room/	suite E Tele	phone nu	
=	nitial return	I OUI DEVENET TARRAM	851	) <del>-</del> '/'	17-1475
=	-inal retum Amended r	vterminated City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exen	nption
=	Application		Nu	mber 🕨	W I A
		ing Method,	H Check	<b>▶ Y</b> if	the organization is not
	vebsite:	<u> </u>	_		ch Schedule B
J Ta	ax-exem	pt status (check only one) —   501(c)(3) □ 501(c) ( )   (Insert no ) □ 4947(a)(1) or □ 5		990, 990	-EZ, or 990-PF).
			PADEIT	O'RG/	INIZATION
LA	dd lines	55b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total assets		100.00
(Par	t II, colu	ımn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>&gt;</b> \$	139, 131/
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (se	e the instru	ctions	for Párt I) /
		Check if the organization used Schedule O to respond to any question in this			·
	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	134137
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory   5a	0		
	ь	Less: cost or other basis and sales expenses	0		
`.	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	)	5c	<u> </u>
7017	6	Gaming and fundraising events		3	
	a	Gross income from gaming (attach Schedule G if greater than		*%**	
Z E		\$15,000)	O	] [	
Revenue	b		ributions	ا پا	
Ä		from fundraising events reported on line 1) (attach Schedule G if the	_	* c,	
'-		sum of such gross income and contributions exceeds \$15,000) 6b	0	1[	
,		Less: direct expenses from gaming and fundraising events 6c	C	나. 네	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract	<u> </u>	_
		line 6c)		6d	<u> </u>
	7a	Gross sales of inventory, less returns and allowances	<u>C</u>	니	
	b	Less: cost of goods sold			^
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<u>0</u>
	8	Other revenue (describe in Schedule O)		8	420120
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> ▶</u>	9	134137
	10	Grants and similar amounts paid (list in Schedule O)		10	<u>o</u>
	11	Benefits paid to or for members		11	<u>O</u>
Expenses	12	Salaries, other compensation, and employee benefits		12	58855
	13	Professional fees and other payments to independent contractors	7	13	6312
	14			14	42 9 66
Ш	1	Printing, publications, postage, and shipping		15	1 3 3 1
	16			16	74694
	17	Total expenses. Add lines 10 through 16	<u> ▶</u>	17	139 174
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9) A Company (from line 27, column (A)) (mus	t agree with	18	(31)
SSE	19	end-of-year figure reported on prior year's return)	agree with	10	linna
Net Assets				19	——————————————————————————————————————
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	11016
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	(1915

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)





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f		90-EZ (2016)	Saw David IIV	<del></del>			Page 2
	Pa	t II Balance Sheets (see the instructions to Check if the organization used Schedule	•	w augotion in this	Dort II		
-		Check if the organization used Schedule	O to respond to an	ly question in this	(A) Beginning of year	<u> </u>	
	22	Cash, savings, and investments		ţ	(	22	/
	23	Land and buildings			Ö	23	<u> </u>
	24	Other assets (describe in Schedule O)				24	<u> </u>
	25	Total assets			Ŏ	25	(1.8)5
	26	Total liabilities (describe in Schedule O)			<del></del>	26	
	27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	13815
	Par				Part III)		
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III		Expenses
a	as m	Is the organization's primary exempt purpose? FA CHRISTIAN ORETHICAL FOUNDATE. The the organization's program service accomplied accomplisation of the organization of the control of the organization of the control of the organization of the organ	ianner, describe the	f its three largest per services provided	orogram services, d, the number of	501(c	ured for section )(3) and 501(c)(4) uzations, optional for s)
		SERVICE INCLUDED EDUCATING C	HILDREN WHET	L A GE APPAI	NOSTATE LEGION	S	
		WERE PRESENTED, SERVICE WAS THE TIME.	PERFORMED	<u> </u>	REENI OF		
		(Grants \$ 0 ) If this amount	includes foreign gra	nts, check here	▶ 🗆	28a	69,587
	29	STRUCTURE OF THE PROPERTY OF T	MINISTRIES !	HERE STU	DENTS WERE S' STUDENTS		, , , , ,
	,	USD ENGRIGED REST/RELAXATION SER			T OF THE TIME.	29a	41,752
	30	<del></del>		HANDS-ON INST	RUETFONS	234	
		OCCURRED AND RECREATION WAIC	H INCTUDED	DUTSIDE PLI	IV. SERVICES	1	
	٠	TOOK PLACE TWENTY PERCENT D		.1			00 000
			includes foreign gra	ints, check here .	<u></u> ▶ □	30a	27,835
	31	Other program services (describe in Schedule O)					
	20	(Grants \$ ) If this amount  Total program service expenses (add lines 28a	includes foreign gra			31a	128 1711
1	Par						tions for Part IVA
	ı cıı	Check if the organization used Schedule				istiuc	dons for Fart (V)
-		Oncok ii iii o o garii 2000 oo oo oo aa	(b) Average	(c) Reportable	(d) Health benefits,	Ť	· · · · · <u>  ·  </u>
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and		Estimated amount of the compensation
			devoted to position	(if not paid, enter -0-			and compensation
-	AN	DRETTA MALDEN PRESIDENT	1,,4	$\cap$		1	$\cap$
			40	U			0
-						$T^-$	
r	Rn	ERT MALDEN, VICE PRESIDENT	<del> </del>		<del></del>	+-	
-	TTAT 2		40	) D	0		0
-						1	<del></del>
Ţ	ZAC	DLD ADAMS, SECRETARY   TREASURER	F		0-	+	
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-			1	}			

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
00	Delth- annihilation and a second a second and a second and a second and a second and a second an		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	! 	J
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>\</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		$\checkmark$
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 5	1		/_
þ	Did the organization file Form 1120-POL for this year?	37b		_✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		153 V	<u>``</u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	.54	<u>/</u>
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		Ass.:	
a	Initiation fees and capital contributions included on line 9			
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		A.	
	section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	
41	List the states with which a copy of this return is filed ► [LORIDA			
42a	The organization's books are in care of ► ANDRETTA MALDEN Telephone no. ► (85)	0\7'	77-	1471
b	Located at ► 80) BEYERLY PARKWAY, PENSACOLA, FL ZIP + 4 ► 325 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	05	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>✓</b>
	If "Yes," enter the name of the foreign country: ► \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1900	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		`.`.`.`.`.`.`	
	Financial Accounts (FBAR).			<u> </u>
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c	L	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	ail á		
	and enter the amount of tax-exempt interest received or accrued during the tax year	R/R		
44-	Did the executation mountain any denor advised finds distinct the come if "Van " Farm 000 mounts	<u> </u>	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		J
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

48 but the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I   Value Section 501(c)(3) organizations only   All section 501(c)(3) organization sends   All Section 501(c)(3) organization engage in lobbying activities or have a section 501(h) election in this Part VI   Ves   None organization as considered   All Section 501(h) election in effect during the tax   Yes   Ves	orm 99	0-EZ (20	<u> </u>						F	age 4
Section 501(c)(3) organizations only   All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Total the organization of the organization org	46					n behalf of	f or in opposit	ion	Yes	No /
All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax   Yes   Ni   Yes   Ni   Yes		to car	ndidates for public office? If "Yes," of	complete Schedule C		<u></u>				J
d Total number of other employees paid over \$100,000 . ► NA  1 Total number of other employees paid over \$100,000 . ► NA  1 Total number of other independent contractors each receiving over \$100,000 . ► NA  1 Total number of other independent contractors each receiving over \$100,000 . ► NA  2 Total number of other independent contractors each receiving over \$100,000 . ► NA  3 Total number of other independent contractors each receiving over \$100,000 . ► NA  47	Part \	<b>-</b>	All section 501(c)(3) organization 50 and 51.	s must answer que			·	e tables f	or lin	es
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									Yes	No
49a   1   1   1   1   1   1   1   1   1	47				section 501(h) electi	ion in effec	ct during the			$\bigvee$
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and k employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee    None	48		=		•				<b> √</b>	
Complete this table for the organization's five highest compensated employees (other than officers, directors, frustess, and we employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Name and title of each employee  (c) Reportable compensation  (d) Reportable compensation  (d) Health benefits,  (d) Health benefits,  (e) Reportable compensation  (f) Health benefits,  (f) Heal						ization? .				[✓_
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average (c) Reportable compensation compensation from the organization of the compensation of the compens							finara direct			<u> </u>
(a) Name and title of each employee   (b) Average   (c) Reportable   (compensation   (c) to employee	50									
Complete this table for the organization's five highest compensated independent contractors who each received more th \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶ NA  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Note: All section 501(c)(3) organizations must attach a property yes No  Under penalties of perjury: declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is strong organization of which preparer has any knowledge  Sign  Print yee or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Prim's address ▶ Phone no  Phone no				(b) Average hours per week	(c) Reportable compensation	(d) Hea contribution benefit pla	alth benefits, ons to employee ins, and deferred	(e) Estimate	ed amo	unt of
Complete this table for the organization's five highest compensated independent contractors who each received more th \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ► N/A  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Did repenalties of perjury: declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rich, correct, and complete by self-spiciol perparer (other than officer) is based on all information of which preparer has any knowledge  Print ype or print name and title  Preparer  Use Only  Prim's name ► Firm's EIN ►  Phone no  Proposed  Preparer  Proposed  Preparer  Prim's address ► Phone no								-		
Complete this table for the organization's five highest compensated independent contractors who each received more th \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ NA  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ▼ Yes □ No  Jinder penalties of perjuny tigeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete perjung of preparer (other than officer) is based on all information of which preparer has any knowledge										
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Complete this table for the organization's five highest compensated independent contractors who each received more th \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ NA  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ▼ Yes □ No  Jinder penalties of perjuny tigeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete perjung of preparer (other than officer) is based on all information of which preparer has any knowledge										
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\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 .    Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A:    Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A:    No Inder penalties of perjury t declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete a perjury to perparer (other than officer) is based on all information of which preparer has any knowledge    Significant A:    No Index Preparer    Significant A:    Date    Check    Firm's lin P  Firm's significant A:    Firm's	f	Total	number of other employees paid ov	er \$100,000	. ► N/A		<del>-</del>	<u></u>		
(a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ N A  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Index penalties of perjury, Tideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not penalties of perjury, Tideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not penalties of	51					nt contract	ors who each	received	more	e than
d Total number of other independent contractors each receiving over \$100,000 . ▶ N/A  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ▼ Yes □ No  Under penalties of penury Teclarer that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete description of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is rue, correct, and complete description of the penalties of penury. Type or print name and title  Paid  Preparer  Preparer's signature □ Date □ Check □ if self-employed □ Prim's name ▶ □ Firm's name ▶ □ Firm's address ▶ □ Phone no □ Phone no		\$100,	000 of compensation from the orga	anization. If there is no	one, enter "None."					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each independ	dent contractor	(b) Type of se	ervice	(c)	Compensat	ion	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				<del></del>	<del> </del>	<del></del>	<del> </del>			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		1								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		III			1					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		111	( ) [ ] [		1					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	_	<u> </u>			ļ					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					4					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					<del>                                     </del>		<del>                                     </del>	<del></del> ··		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ► N/A				
Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the design automorphism of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign		Did t	he organization complete Schedi	_			must attach		· 🗆	No
Sign Here  Signature of Officer	Jnder p	enalties	of perjury, I declare that I have examined this	return, including accompan	lying schedules and stater	ments, and to	the best of my kn	owledge an	d belief	, it is
Here    Anotetta K. Malden President   Type or print name and title	true, cor	rect, an	d complete (Osellaration) of preparer (other tha	n officer) is based on all info	ormation of which prepare	r has any kno	owledge / /-	17		<del></del> .
Type or print name and title  Paid  Preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's EIN ▶  Firm's address ▶  Phone no	_		Signature of officer	11/11/1	2001-100-	<del></del>	Date			
Paid Preparer Use Only Firm's name Firm's address ▶  Check ☐ if self-employed Firm's self-employed  Phone no	Here		Type or print name and title	Malden/ t	resident			<del></del>		
Preparer Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no	Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Use Only Firm's name ► Firm's EIN ► Phone no		arer					4	yed	_	
Firm's address ▶ Phone no			Firm's name ▶				Firm's EIN ▶			
				r shown shows? So-	instructions		Phone no			<u> </u>

Form **990-EZ** (2016)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FAMILY TIES CHILD DEVELOPMENT CENTER. INC. 20 8675913 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 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.) 8 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 university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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) 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. Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization (vi) Amount of (ii) FIN (iii) Type of organization (v) Amount of monetan listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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

## **Schools**

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

FAMILY TIES

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

CHILD DEVELOPMENT CENTER, INC

Employer identification number 20 8675915

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	/	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	J	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		
		( )		
4	Does the organization maintain the following?		1	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	J	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		$\checkmark$
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	1	/
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		1
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  1) b. 5cholaships and other financial Assistant Are not available.			
5 a	Hd. CONTRIBUTORY ARE NOT SOLECTTED:  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?	5a		J
b	Admissions policies?	5b		J
С	Employment of faculty or administrative staff?	5c		<b>√</b>
d	Scholarships or other financial assistance?	5d		<b>√</b>
е	Educational policies?	5e		V
f	Use of facilities?	5f		V
g	Athletic programs?	5g		/
h	Other extracurricular activities?	5h		✓
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_			ļ	_/
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u> </u>	<b>                                     </b>
р	Has the organization's right to such aid ever been revoked or suspended?	6b	<u> </u>	<u> </u>
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through		1	
7	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering recial pendiscrimination? If "No." explain on Part II		- <i> </i> -	

#### SCHEDULE O (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

FAMILY TIES CHILD DEVELOPME	NT LENTER, INC.	Employer identification number 20 8675915
	7	
PART 1		
Line 16: Other Expenses	A	
- Transportation	\$ 15,170	
- Food	14,569	
	* 29689	
	Z 100 1	
	·	