Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	ne 201	5 calendar year, or tax year beginning $11/01$, 2015, an	d ending		10/31, 2	
_			C Name of organization		D Employer identi	ification num	ber
B	Check of a	pplicable	73RD & DOBSON		23-7073	045	
Г	Addre		Doing business as				
	7 7	change	Number and street (or P O box if mail is not delivered to street address) Roo	m/suite	E Telephone numi	ber	
Г	Initial	l return	2850 S. MICHIGAN AVE.		()		
		return	City or town, state or province, country, and ZIP or foreign postal code				
	Amen	nded	CHICAGO, IL 60616		G Gross receipts \$	j	785,213.
\vdash		cation	F Name and address of principal officer		H(a) Is this a group	return for	Yes X No
<u> </u>	pendi	ing			subordinates? H(b) Are all subordina	ites included?	Yes No
$\overline{}$	Tax-ex	empt st	atus X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	1 ' '	a list (see instru	
J		te: ►	1 1 2 3 7 1 1 3 7 7	1-1	H(c) Group exempte	on number	
		of organ		L Year of forma	tion 1973 M St	**	
	art i		mmary			ale of regar a	
			describe the organization's mission or most significant activities LOW INCO	ME HOUSI	NG FOR THE	POOR.	
a	ł .	Dilelly	r describe the organization's mission of most significant activities				
Governance			DE	CEIVED			
FLUS	,		this box I if the organization discontinued its operations or disposed of				
Š	2					3	6.
ფ	3	Numb	er of voting members of the governing body (Part VI, line 1a)	3 70:6 2017	· · [%] · · · [-	4	6.
es	4	Numb	er of independent voting members of the governing body (Part VI, III)		<u>: 나</u> 열 · · · 남	5	0.
ctivities							0.
\cti	<u> </u>	l otal r	number of volunteers (estimate if necessary)	INCIAL OF		6	0.
`	/a	lotali	unrelated business revenue from Part VIII, column (C), line 12		<u>/</u>	<u>′a</u>	0.
	b	Net ur	orelated business taxable income from Form 990-T, line 34	 	Prior Year	'b Cur	rrent Year
	_			ļ.——	O O		0.
ne			butions and grants (Part VIII, line 1h)		701,001		785,057.
Revenue			am service revenue (Part VIII, line 2g)		701,001		156.
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		0		
	l		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		_		0.
			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		701,043		785,213.
			s and similar amounts paid (Part IX, column (A), lines 1-3)		0		0.
			its paid to or for members (Part IX, column (A), line 4)		0	· • 1	0.
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		186,242		163,864.
Expens	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		0	<u>' • </u>	
ď	b	Total f	fundraising expenses (Part IX, column (D), line 25)		<u>, </u>	<u>-</u>	
. "	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		532,631		521,589.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		718,873		685,453.
	19	Reven	ue less expenses Subtract line 18 from line 12		-17,830		99,760.
200	1			Begir	ning of Current Ye		d of Year
set	20	Total a	assets (Part X, line 16)		594,613		682,878.
Net Assets or Fund Balances	21	Total I	iabilities (Part X, line 26)		1,306,118		<u>,294,623.</u>
<u> </u>	22	Net as	sets or fund balances Subtract line 21 from line 20,	<u></u>	-711,505	· · · · ·	-611,745.
Pa	rt II	Sig	nature Block		 .		
			of perjury, I declare that I have examined this return, including accompanying schedules a complete_Declaration of preparer (other than officer) is based on all information of which pr			ny knowledge	and belief, it is
-1100	, cone	Ci, and	complete Declaration of preparer (other than ginder) is based on all millionnation of which pr	cparer has any k	Townedge /	411 1	7
٥.		l N.	Darie Jeach		1-0	<u> 24 - </u>	7
Sig			Signature of officer		Date	•	
He	re		DORIS LEACH				
			Type or print name and title				
		Print/	Type preparer's name Preparer's signature	Date / /	Check	PTIN	
Paid		KARI	EN A SCHAEFER CLEAR CLEAR CLEAR LA	1119/17	self-employed		545171
	parer	Firm's	name ►HARAN & ASSOCIATES LTD		Firm's EIN ▶ 36	-309769	92
use	Only		address >3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091			7-853-1	
May	the II		cuss this return with the preparer shown above? (see instructions)			X Y	res No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				rm 990 (2015)

Code:) (Expenses \$	including grants of \$) (Revenue \$)
Code) (Expenses \$	including grants of \$) (Revenue \$)
that program as	ervices (Describe in Schedul	00)		
	including grant	s of \$) (Reve	enue \$)	
otal program se	rvice expenses ►	685,453. 2:44 PM V 15-7.15		Form 990 (201

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Par	t IV Checklist of Required Schedules			<u> </u>
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for 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		X
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,		i	I
	Part III	5		
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			
	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1 1	'	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1	, .	
	VII, VIII, IX, or X as applicable		3	ئر ہے۔' محد داکما
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	((
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1 1		
	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	11c		_ <u>X</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Į	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete]]	,,]	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1 }	Ì	v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\Lambda}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		į	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	المدا	į	Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.	ľ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ł	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47	ļ	Х
19	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	1.0		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
13		19	1	Х
	If "Yes," complete Schedule G, Part III	<u> </u>		

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	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	l		
	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ŀ		ı
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	!		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			V
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		х
26	If "Yes," complete Schedule L, Part I	250		
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,	20		
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-0	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			4
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			.,
	or IV, and Part V, line 1	34		<u>X</u>
35 a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
	19? Note. All Form 990 filers are required to complete Schedule O	38 Form		(2015)
		· OIIII		(2013)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\square .
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Υ,		,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	- 1	, _	
	Did the organization comply with backup withholding rules for reportable payments to vendors and		-	1
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	77	36	135.
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.		, ,	, w ₃ , (
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3.00	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶		,	l '` ;
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		, · · ·	
	(FBAR)	<u>. </u>		i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	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		
	Organizations that may receive deductible contributions under section 170(c).	-	ran .	- 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>	<u>.</u>	أ-ري- أ
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		х
_	required to file Form 8282?	_7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 27		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		`	31
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	- [[[
а	Initiation fees and capital contributions included on Part VIII, line 12	7		. ,
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	.		1
11	Section 501(c)(12) organizations. Enter	- 1	-	
а	Gross income from members or shareholders	` ;}		
b	Gross income from other sources (Do not net amounts due or paid to other sources	İ		
	against amounts due or received from them)	40-		J
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 ,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		 -
a	Is the organization licensed to issue qualified health plans in more than one state?	·va		-
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand	}		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
~-	-			

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3 (*) :	- 4	· '
	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]. `	(14%)	
b	Enter the number of voting members included in line 1a, above, who are independent			18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 1- X	S2 (v	±
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct]
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-		
	the year by the following		น์กับ _เ ล้า เ	. €`\
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	{ _		1,,
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coa	9.) Yes	No
		40	res	X
10a	Did the organization have local chapters, branches, or affiliates?	10a	 -	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405	1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	: 14	- 4,	, 'Jage',
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	بد اسکند	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	 	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
_	rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
40	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14	 	X
14 15	Did the organization have a written document retention and destruction policy?	1: 34	-	G 63
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2.7	· " · ",	- 0 1
	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	7		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		} .	:
104	with a taxable entity during the year?	16a		X
ь	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			٠.
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
-	available for public inspection Indicate how you made these available Check all that apply		, , , , , ,	,
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inf	erest	policy	, and
-	financial statements available to the public during the tax year.		. ,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record EAST LAKE MANAGEMENT 2850 S. MICHIGAN AVE CHICAGO, IL , 60616 312-842-5500	ls·▶		
104	EAST LAKE MANAGEMENT 2850 S. MICHIGAN AVE CHICAGO, IL , 60616 312-842~5500		000	

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
_	Independent C	onti	ractors								

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

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

Check this box if heither the organization no	any related	Torga	IIIZa			inpen	Sale	T any current one	T	T T
		l		(6	C)			ľ		
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average	,				e than c		Reportable	Reportable	Estimated
	hours per	,				is both		compensation	compensation from	amount of
	week (list any	├──	_			or/trust		from the	related organizations	other compensation
	hours for related	요필	l ng	Officer	₹	a g	e F	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Ē.	g	Key employee	hes play	Former	(W-2/1099-MISC)	(** 2, 1000 100)	organization
	below dotted	호 플	1 8		용	8 8	İ			and related
	line)	rust	2		è	npe				organizations
	1	8	Institutional trustee			Highest compensated employee				
	 			_	_	<u>ē</u>				
(1)DORIS LEACH	2.00									
VICE-PRES		X		х	1			0.) o.	0
(2)LENORA JACKSON	2.00		\vdash	┢─	\vdash	ļ —				
DIRECTOR		х			ļ]	}	0.	0.	0.
(3)FRANCES POWER	2.00	 	\Box				-			
DIRECTOR		х	ł	Ì		1	l	0.	0.	0.
(4)ADRIENNE HILL	2.00		<u> </u>							
DIRECTOR		x			1			0.	0.	0
(5)GLADYS HARDNICK - BOUYER	2.00									
DIRECTOR	- †	X						0.	0.	0
(6)VALERIE J. TOLIVER	2.00									
DIRECTOR	- 	Х		ļ	ļ	}		0.	0.	0
_(7)										
(9)	+		-	-	-		-			
_(8)	- 					<u> </u>			}	
_(9)										
(10)			-		\vdash		-			
110/	- 								<u> </u>	
(11)		}]				
(12)		-			-		ļ —			
(13)			-	_			\vdash			
(14)			-	_	-	-	-			
	ــــــــــــــــــــــــــــــــــــــ	L	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	l	

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes N Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Page 0						
Name and utile Name and utile Name								
related cryanizations below detect field. Companization C	Average Position Reportable Reportable compensation compenses person is both an officer and a director/trustee)	eportable Estimated ensation from amount of related other						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes N Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		/1099-MISC) from the organization and related						
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0. Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Section A	0. 0.						
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	limited to those listed above) who received more than \$100,00							
employee on line 1a? If "Yes," complete Schedule J for such individual		Yes No						
4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the								
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the							
individual		<u>4 X</u>						
Total Services Tendered to the organization in Tos, complete denotation for duent personnial in Testing and the organization i								
Section B. Independent Contractors		#100 000 of						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
(A) Name and business address (B) Description of services Compensation								
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.		ved						

90 (2015	73RD & DOBSON	N				
VIII	Statement of Revenue	or note to any	line in this Part V	<u>///</u>	(C)	(D)
VIII.	Statement of Revenue Check if Schedule O contains a response	Of Hote to all	- (A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
	1a	, , , , , , , , , , , , , , , , , , ,				
b	Membership dues					
1	All other contributions, gifts, grants,		2. 72.da			4-6
g	Alexander Contributions included in lines 12-11 4	···· >		0.		man and a second
	Total. Add lines 1a-1f	Business Code 531110	785,05	785,05	.7.	
program Service reveiled	LOW INCOME HOUSING					
Service d						
E e	TOURGE FOUNDING.		785,0	57.	1, 1 - 1 1	****
3	All other program service revenue Total. Add lines 2a-2f Investment income (including divide and other similar amounts). ATTACHMEN income from investment of tax-exempt bor	ends, interest		0.	156.	
5	Royalties	(ii) Persona				
	b Less rental expenses c Rental income or (loss)	(II) Other	>	0.		
	b Less cost or other basis and sales expenses c Gain or (loss)		. •	0.		
venue	8a Gross income from fundraising events (not including \$					
Other Revenue	See Part IV, line 18	. a		0.	, , , , , , , , , , , , , , , , , , , ,	
8	b Less direct expenses c Net income or (loss) from fundraising e ga Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses c Net income or (loss) from gaming act	ivities · · · · · ·		0.		1.
	10a Gross sales of inventory, icos	a				
	b Less cost of goods sold		ss Code	0.		
				1		
	113	1			1	
	11a					
	b d All other revenue			0.	785,213.	

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 resp	onse or note to any lin	ne in this Part IX	<u> </u>	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0		:	
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			ļ
5	Compensation of current officers, directors,	0.			
	trustees, and key employees				ļ
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.	147 207		
7	Other salaries and wages	147,287.	147,287.		ļ
8	Pension plan accruals and contributions (include				İ
	section 401(k) and 403(b) employer contributions)	0.	···		
9	Other employee benefits	0.			ļ
10	Payroll taxes	16,577.	16,577.		
11	Fees for services (non-employees)				1
а	Management	56,295.	56,295.		
	Legal	4,416.	4,416.		
c	Accounting	11,500.	11,500.		
	Lobbying	0.		<u> </u>	
	Professional fundraising services See Part IV, line 17.	0.	<u>-</u>		ļ <u> </u>
f	Investment management fees	0.		 	
	Other (if line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			<u> </u>
	Office expenses	0.			
14	Information technology	0.			
	Royalties	0.			
	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	7,191.	7,191.		
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	18,817.	18,817.		
23	Insurance	66,522.	66,522.		
	Other expenses Itemize expenses not covered		•		, , , -
	above (List miscellaneous expenses in line 24e If			,	'
	line 24e amount exceeds 10% of line 25, column	~		1.2	
	(A) amount, list line 24e expenses on Schedule O)				
а	ADMINISTRATIVE	34,290.	34,290.		
b	CLEANING & MAINENANCE	57,845.	57,845.		
_	BAD DEBTS	11,167.	11,167.		
_	UTILITIES	111,560.	111,560.		
	All other expenses _ATCH _2	141,986.	141,986.		1
	Total functional expenses. Add lines 1 through 24e	685,453.	685,453.		
	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	ļ			
	following SOP 98-2 (ASC 958-720)	0.			

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Form **990** (2015)

Page **11** Part X Balance Sheet

ΙC	LLV	Dalatice Street					
		Check if Schedule O contains a response of	or note	e to any line in this Pa		•	
					(A) Beginning of year		(B) End of year
		O I was the state of the state			55,956.	1	155,686.
	1	Cash - non-interest-bearing			0.	2	0.
	2	Savings and temporary cash investments			0.	3	0.
	3	Pledges and grants receivable, net			7,791.	4	4,576.
	4	Accounts receivable, net	 forme	r officers directors	.,	7	
	5	trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu organizations (see instructions) Complete Part II of Sche	, and o intary	contributing employers employees' beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
∢	9	Inventories for sale or use Prepaid expenses and deferred charges		ATCH 3	13,933.	9	14,550.
	ì	Land, buildings, and equipment cost or	1				
		other basis. Complete Part VI of Schedule D	10a	2,450,031.	-		,
	ь	Less accumulated depreciation	10b	2,143,777.	325,071.		306,254.
	11	Investments - publicly traded securities		•		11	0.
	12	Investments - other securities See Part IV, line 11			0.	12	0.
	13	Investments - program-related See Part IV, line 11	١			13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			191,862.		201,812.
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	594,613.		682,878.
	17	Accounts payable and accrued expenses			302,966.		274,332.
	18	Grants payable		<i></i>		18	0.
	19	Deferred revenue		19	0.		
	20	Tax-exempt bond liabilities	0.		0.		
	21	Escrow or custodial account liability Complete Pa	art IV d	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for					` ,
Ħ		trustees, key employees, highest compen			,	``,	
Liabilities		disqualified persons. Complete Part II of Schedule			0.		0.
	23	Secured mortgages and notes payable to unrelate			713,485.		713,485.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			289,667.		306,806.
		of Schedule D			1,306,118.	25	1,294,623.
	26	Total liabilities. Add lines 17 through 25			1,300,110.	26	1,234,023.
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.		, (, , , , , , , , , , , , , , , , , ,	,	
an	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	<u> </u>
pu	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.), chec	k here 🕨 🔼 and			
	30	Capital stock or trust principal, or current funds			11,369.	30	11,369.
SSe	31	Paid-in or capital surplus, or land, building, or equ			0.	31	0.
Net Assets	32	Retained earnings, endowment, accumulated inc	ome,	or other funds	-722,874.	32	-623,114.
Ž	33				-711,505.		-611,745.
	34	Total liabilities and net assets/fund balances		<u> </u>	594,613.	34	682,878.

Form **990** (2015)

	· /3KD & DOBSON	23-101	3043		
orm 9	90 (2015)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	85,	213.
2	Total expenses (must equal Part IX, column (A), line 25)	2	ϵ	85,	453.
3	Revenue less expenses Subtract line 2 from line 1	3		99,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-7	11,	505.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6	11,	745.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				l
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in	1	1	
	Schedule O				{
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both			,	}
	Separate basis Consolidated basis Both consolidated and separate basis		٠	(
ь	Were the organization's financial statements audited by an independent accountant?	<i></i>	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud		1	٠.	
	separate basis, consolidated basis, or both:				İ
	X Separate basis Consolidated basis Both consolidated and separate basis		1.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit according to the selection of the se	countant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	explain in	1 2	,	
	Schedule O.			*	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se				[
	the Single Audit Act and OMB Circular A-133?		3a	X	<u> </u>

b 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

JSA

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Form **990** (2015)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

	e or the organization					1	TOTOO A.F.
	D & DOBSON	: O: (/AII					-7073045
Par							S
	organization is not a private fou		•	_	-		
1	A church, convention of ch						
2	A school described in sect		•	-			
3	A hospital or a cooperative		•				=
4	A medical research organi		conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A	(III). Enter the
_	hospital's name, city, and s						
5	An organization operated		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
_	section 170(b)(1)(A)(iv). (
6	A federal, state, or local go	_					
7	X An organization that norm	*		ipport fr	om a go	vernmental unit or fr	om the general public
_	described in section 170(b	.,	•	5 4 11 3			
8	A community trust describe						
9	An organization that norm	•					
	receipts from activities rel						
	support from gross inves						tax) from businesses
40	acquired by the organization						
10 11	An organization organized An organization organized	•	•	_			ra, aut the nurneese et
		•		-			
	one or more publicly support the box in lines 11a through						
_							
а	the supported organization	-	•	-			
	organization You must c	• •		elect a 11	iajority o	i the unectors of trus	tees of the supporting
b	Type II A supporting org	-		nnection	with ite	supported organizati	on(e) by having
D	control or management of	•					
	organization(s) You must			the same	ie bei soi	is that control of mar	lage the supported
С	Type III functionally inte			ated in c	annectio	n with and functions	lly integrated with
·	its supported organization	-					ily integrated with,
d	Type III non-functionally		•				ted organization(s)
_	that is not functionally into						
	requirement (see instruct						s arr attorniversees
е	Check this box if the orga	·					I Type III
_	functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	., .,p
f	Enter the number of supported					···	
g	Provide the following information	-	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(VI) Amount of
		i	(described on lines 1-9 above (see instructions))		our governing iment?	support (see instructions)	other support (see instructions)
			above (see instruction)			mon donons,	instructions,
				Yes	No		
(A)		J		j			
<u>~,</u>					ļ <u>.</u>		
(B)				[[
				<u> </u>	<u> </u>		
(C)			}	ł	}		
				<u> </u>	<u> </u>		
(D)			}				
		ļ	<u> </u>	ļ	ļ	ļ 	
(E)			ł				
		ļ	ļ	 	 		
				Í.			

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 of 990-E2) 2015	Page
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify und	er
	Part III If the organization fails to qualify under the tests listed below, please complete Part III.)	
Section	A. Public Support	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	751,430.	724,936.	736,095.	701,001.	785,057.	3,698,519.
2	Tax revenues levied for the organization's benefit and either paid to or expended on 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	751,430.	724,936.	736,095.	701,001.	785,057.	3,698,519.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					,	0.
6	Public support. Subtract line 5 from line 4	i 					3,698,519.
Sec	tion B. Total Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	751,430.	724,936.	736,095.	701,001.	785,057.	3,698,519.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	515.	424.	145.	42.	156.	1,282.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10			, VE		- ' '	3,699,801.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>	<u>. ,</u>				
Sec	tion C. Computation of Public Sup						00.07
14	Public support percentage for 2015 (lin						99.97% 99.96%
15	Public support percentage from 2014					15	
16a	331/3% support test - 2015. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2014. If the o						1 1
170	check this box and stop here. The orga	•					
17a	7a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2014. If the organization meets	ganization did n s the "facts-and	ot check a box d-circumstances	on line 13, 16 " test, check tl	a, 16b, or 17a, nis box and st o	p here.
18	Explain in Part VI how the organization supported organization						
	instructions						▶ □
						chedule A (Form 99	

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Schedule A (Form 990 or 990-EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	J	• /• /	
(Complete only	if you checked the	box on-line 9 of Part I or if the organization failed to qualify under P	art II
If the organization	on fails to qualify un	der the tests listed below, please complete Part II.)	

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)	2015	(f) Tota	Ī
1	Gifts, grants, contributions, and membership fees					i			
	received (Do not include any "unusual grants ")					<u> </u>			
2	Gross receipts from admissions, merchandise					ŀ			
	sold or services performed, or facilities			1	ł	<u> </u>	1		
	furnished in any activity that is related to the]						
	organization's tax-exempt purpose					<u> </u>			
3	Gross receipts from activities that are not an	i							
	unrelated trade or business under section 513.								
4	Tax revenues levied for the		}		1	į	- 1		
	organization's benefit and either paid				Į				
	to or expended on its behalf								
5	The value of services or facilities						1		
	furnished by a governmental unit to the				İ		İ		
	organization without charge								
6	Total. Add lines 1 through 5							·	
7 a	Amounts included on lines 1, 2, and 3						j		
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000			}					
	or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from			, ,	,	,			
	line 6.)	·	· <u>-</u>						
Sec	tion B. Total Support			 _					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	2015	(f) Total	<u> </u>
9	Amounts from line 6, ,								
10 a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties and income from similar sources						j		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975					Ï	[
С	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]		1		
	(Explain in Part VI)						<u> </u>		
13	Total support. (Add lines 9, 10c, 11,								_
	and 12)								
14	First five years. If the Form 990 is for	or the organiza	lion's first, seco	nd, third, fourth	, or fifth tax ye	ear as	section	501(c)(3)	
	organization, check this box and stop here.	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u></u>	▶	Ш
Sect	tion C. Computation of Public Sup								
15	Public support percentage for 2015 (line 8,	, column (f) divide	ed by line 13, colui	nn (f))		15			%_
16	Public support percentage from 2014 Sche	dule A, Part III, Iir	ne 15	<u> </u>	<u></u>	16			%_
Sec	tion D. Computation of Investmen	nt Income Per	centage						
17	Investment income percentage for 2015 (lin	ne 10c, column (f) divided by line	13, column (f))		17			%
18	Investment income percentage from 2014					18			%
19 a	33 1/3 % support tests - 2015. If the org					e than	331/3 %, a	nd line	
	17 is not more than 331/3 %, check the	is box and stop	here. The org	anization qualifies	s as a publicly	supporte	d organiz	zation 🕨 [
b	33 1/3 % support tests - 2014. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	more th	nan 331/3	%, and	
	line 18 is not more than 331/3 %, check	this box and st	op here. The or	ganization qualific	es as a publicly	support	ed organiz	zation 🕨	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and	see instru	ictions 🕨	
JSA	_ : :				S	chedule	A (Form 9)	90 or 990-EZ)	2015

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		! !
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		,
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	J I	
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	4c		· .
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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)	5a	ا الاي	
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
				, .
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	- '	(*
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	. ,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		, ,
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	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	10a		
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.)	10ь		

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	ıle A (Form 990 or 990-EZ) 2015			Page \$
Part	IV Supporting Organizations (continued)		V	IN.
44	Has the organization accepted a gift or contribution from any of the following persons?	Г	res	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		1
а	below, the governing body of a supported organization?	11a	Ì	
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
	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		,	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		-	. '
	controlled the organization's activities. If the organization had more than one supported organization,		,	,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	1	ļ	,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		1	İ
Sacti	on C. Type II Supporting Organizations	2	<u> </u>	
Secu	on C. Type ii Supporting Organizations		Yes	No
	Many a second of the second se	<u>[.</u>	:	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ĺ	,'	. .
	or management of the supporting organization was vested in the same persons that controlled or managed	,-	ş	١٠.
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			7 .
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	,		
	the organization's governing documents in effect on the date of notification, to the extent not previously	,		,-
	provided?	1_	-,,	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		, ,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	_	-	, ť
		2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	,,,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	· . ` .	·	
	supported organizations played in this regard	3		1
Secti	on 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 ins	tructi	ons):	
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.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru		_
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	<u> </u>	,	, '
ű	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,	- '	٠,	٠.
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	_2a_	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ĺ	1	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	22	ļ	}
	activities but for the organization's involvement.	2b	├	
3	Parent of Supported Organizations Answer (a) and (b) below.	l	ł	l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	}	}
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	 	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		[
_				

Schedule A (Form 990 or 990-EZ) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 See ins	tructions, All
other Type III non-functionally integrated supporting organizations must comp	olete	Sections A through E	
Section A. Adjusted Not Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		<u> </u>
5 Depreciation and depletion	5	<u> </u>	<u> </u>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		1
maintenance of property held for production of income (see instructions)	6		ļ
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T	···	
instructions for short tax year or assets held for part of year)	1	•	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		,	
factors (explain in detail in Part VI)		w ,	,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount Subtract line 5 from line 4, unless subject to		, , , , , , , , , , , , , , , , , , , ,	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-	integ	rated Type III supporting of	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Page	7
	_
<u> </u>	_

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
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			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6		· ·	
2	Underdistributions, if any, for years prior to 2015	,		-
	(reasonable cause required-see instructions)			Se received
_3	Excess distributions carryover, if any, to 2015		, ,	,
a	· · · · · · · · · · · · · · · · · · ·		,	
b			, ,	4 · 3 ·
с			· · · · · · · · · · · · · · · · · · ·	,
d	From 2013			, , , , , , , , , , , , , , , , , , ,
e	From 2014			··· · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e		<u> </u>	
<u>g</u>	Applied to underdistributions of prior years	, , ''		<u> </u>
<u>h</u>	Applied to 2015 distributable amount			
<u>i_</u> _	Carryover from 2010 not applied (see instructions)	<u> </u>		3
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		, , , ,	
4	Distributions for 2015 from Section	,		r,
	D, line 7.	<u> </u>	<u> </u>	- 1
<u>a</u>	Applied to underdistributions of prior years			· '/
b	Applied to 2015 distributable amount	`,		20 20 4
	Remainder Subtract lines 4a and 4b from 4		, i , i , wi , §	, , ,
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount	;		Company of the Compan
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h	, ,,,		<u> </u>
0	and 4b from line 1 (if amount greater than zero, see			
	instructions)	,		
7	Excess distributions carryover to 2016 Add lines 3	., , ,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
'	and 4c.			3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
8	Breakdown of line 7		<u> </u>	
a	DIESVOOMII OLIIIIE I			
a _b				
	Excess from 2013	<u>'</u>		
U	Excess from 2014			
u	Excess from 2015	· · · · · · · · · · · · · · · · · · ·		, ,
<u> </u>	2.0000 1/011 20 10 , , , , , , ,	<u></u>	L	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name of the organization Employer identification number 23-7073045 73RD & DOBSON Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

organization's accounting for conservation easements

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015					_				Page 2
Pa	rt III Organizations Maintaining Coll	ections of	Art, His	torical 7	<u>reasur</u>	es,	or Oth	er Similar A	ssets (con	tinued)
3	Using the organization's acquisition, acce	ssion, and o	ther reco	rds, chec	k any o	f the	follow	ing that are a	significant i	use of its
	collection items (check all that apply)									
а	Public exhibition		d [Loan	or excha	ange	progran	าร		
b	Scholarly research		e	Other		•	. •			
С	Preservation for future generations									
4	Provide a description of the organization's	collections	and expl	ain how	thev fur	ther	the ora	anization's exe	empt purpos	e in Part
•	XIII	, , , , , , , , , , , , , , , , , , , ,	u							
5	During the year, did the organization solicit	or receive d	lonations c	of art hist	orical tre	A26111	res or o	ther similar		
•	assets to be sold to raise funds rather than								Yes	No
Da	t IV Escrow and Custodial Arrangem		inied as pe	art or the	organiza	20011	3 001100		. 163	1110
L G	Complete if the organization ansi		" on Form	990 P	art IV li	ine 9	or rer	orted an amo	ount on For	m
	990, Part X, line 21	wered res	0111 0111	1 330, 1 6	aitiv, iii	110 0	, or rep	onca an ann	Junit On 1 On	111
40				liant for a	ontribut	1000	or other	accete not		
ıa	Is the organization an agent, trustee, custo			-						
	included on Form 990, Part X?					• • •		• • • • • • • •	. Yes	∐_ No
b	If "Yes," explain the arrangement in Part X	III and comp	nete the to	llowing tai	οie. Γ					
					ŀ			Amou	nt	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a										No
	If "Yes," explain the arrangement in Part X	II Check he	ere if the e	xplanation	has bee	en pro	ovided c	n Part XIII		
Par										
	Complete if the organization ans	wered "Yes	on Form	า 990, Pa	art IV, li	ne 1	0.			
_	(a) Cu	irrent year	(b) Pric	or year	(c) Two	year	s back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance									
b	Contributions				<u> </u>		T			
c	Net investment earnings, gains,		***							
·	and losses	İ								
a	Grants or scholarships				†			**		
•	Other expenditures for facilities				<u> </u>					
-	•						1			
	and programs			 -						
ī	Administrative expenses									
g	End of year balance			0: 4					L	
2	Provide the estimated percentage of the constraint between Board designated or quasi-endowment			e (line 1g,	column	(a)) I	neid as:			
a b	Permanent endowment > %		- 10							
_		%								
С	Temporarily restricted endowment ▶		000/							
2 -	The percentages on lines 2a, 2b, and 2c st	=			5-1-	سحما	المالمة ال			
зa	Are there endowment funds not in the poss	ession of th	e organiza	mon mat	are neid	ı and	aumm	stered for the		Yes No
	organization by									163 110
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(II), are the related organ					7	• • • •		3b	
4	Describe in Part XIII the intended uses of the	ne organizat	ion's endo	wment fur	nds					
Par	t VI Land, Buildings, and Equipment. Complete if the organization ans	wered "Ye	s" on Fori	n 990 P	Part IV I	line '	11a Se	e Form 990	Part X line	10
	Description of property	(a) Cost or	other basis		or other bas		(c) Acci	mulated	(d) Book val	
		(invest		(0	ther)	`		ciation		
1a	Land				104,23				10	04,235.
b	Buildings				583,67			33,671		
C	Leasehold improvements			1 7	723,06			26,828.	19	6,238.
d	Equipment				39,05	9.	3	33,278		5,781.
е	Other									
Tota	I. Add lines 1a through 1e (Column (d) mus		990. Part	X. columi	n (B), lini	e 100	;)	>	30	06,254.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Part VII	Investments - Other Securities.	d "Vee" on Form Oof) Port IV June 11h See Form 000 f	Post V. Imp. 42
	Complete if the organization answere	T	T	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financ	ıal derivatives			
	y-held equity interests			
/ / / \				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)			,
Part VIII	Investments - Program Related.	<u> </u>		
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)		 		
		 		
(6)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13)			. ,
Part IX	Other Assets.	<u></u>		
rait IV	Complete if the organization answered	1 "Yes" on Form 990	Part IV line 11d See Form 990 F	Part X line 15
			, raitiv, into tra occironi oso, r	(b) Book value
(4) TEND	NT SECURITY DEPOSITS	escription		29,841.
	REPLACEMENT RESERVE			134,823
	CURRENT ASSETS			37,148
	CORRENT ASSETS			37,140
(4)				
(5)				
<u>(6)</u>		·		
(7)				
(8)				
(9)	(h)	l== 45 \		201,812
	umn (b) must equal Form 990, Part X, col. (B)	iine 15.)	· · · · · · · · · · · · · · · · · · ·	201,612
Part X	Other Liabilities. Complete if the organization answered	d "Voo" on Earm 000	Dort IV line 11e or 11f See Form	000 Port V
	line 25.	Tes on Form 990	, raitiv, illie Tie of Til. See Folili	990, Fait A,
1.	(a) Description of liability	(b) Book valu	le .	•
(1) Fede	ral income taxes			المراجع ويتعملون
(2) PREP	AID RENT		786.	
(3) TENA	NT SECURITY DEPOSITS		689.	
(4) ACCR	UED INTEREST	208,	086.	
(5) ACCR	UED PROPERTY TAXES	48,	000.	41.7
(6) ACCR	UED MANAGEMENT FEES	15,	086.	
(7) ACCR	UED WAGES	5,	352.	
(8) MISC	CURRENT LIABILITES		807.	· King L

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

306,806.

Page	

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	· .	-
1	Total revenue, gains, and other support per audited financial statements	1	785,213.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	7	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII.)	1	
	Add lines 2a through 2d	2e	
е 3	Subtract line 2e from line 1	3	785,213.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII)	7	
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		785,213.
Part 2			
1	Total expenses and losses per audited financial statements	1	685,453.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments	1 1	
	Other losses	7 ~	
	Other (Describe in Part XIII)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	685,453.
	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a] , , }	
		7 1	
b	Other (Describe in Part XIII.)	_1 i	
	Other (Describe in Part XIII.)	4c	
c 5 Part)	Other (Describe in Part All.)	5 Part V, line	685, 453. 4, Part X, line
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	
c 5 Part)	Add lines 4a and 4b	5 Part V, line	

Part XIII Supplemental Information (continued)

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 73RD & DOBSON

Employer identification number 23-7073045

PART VI, SECTION B, QUESTION 11

PRIOR TO ITS SUBMISSION FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART IX, LINE 7

SALARIES AND WAGES INCLUDE PAYMENTS TO EMPLOYEES OF THE MANAGEMENT

COMPANY. ALL FORMS INCLUDING W-2'S ARE FILED BY THE MANAGEMENT COMPANY

UNDER THEIR FEDERAL IDENTIFICATION NUMBER. 73RD & DOBSON REIMBURSES THE

MANAGEMENT COMPANY FOR THE EMPLOYEE COMPENSATION EXPENSES.

ATTACHMENT 1 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST 156. 156. TOTALS 156. 156.

ATTACHMENT 2

LENDER: PROJECT IMPROVEMENT FUND

713,485. ENDING BALANCE DUE 713,485.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 713,485.