Form **990**

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

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

Open to Public

Dapportment of the Trans	ıζ.
Internal Revenue Service	

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

A F	or th	e 2016 calendar year, or tax year beginning 11/01, 2016, ar	nd ending		10/	31, 20 17
_		C Name of organization		D Employer ide	ntıficatio	n number
Во	heck if a	73RD & DOBSON		23-707	3045	
	Addre			7		
	٦ -		om/suite	E Telephone nu	mber	
	┥	return 2850 S. MICHIGAN AVE.		()	_	
\vdash	Final	City or town, state or province, country, and ZIP or foreign postal code		 		
-	termii Amen	nated		G Gross receipt	s \$	787,287.
-	return Applic	F Name and address of principal officer		H(a) Is this a gro		
_	pendi	ng	ふろ	subordinates H(b) Are all subore		H., H.,
	Tay av	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or		-1 ' '		ee instructions)
		te: \triangleright N/A	1 1321	H(c) Group exem		
		of organization X Corporation Trust Association Other	L Voor of form	ation 1973 M	<u> </u>	
$\overline{}$	art l		L rear of form	ation 1979 W	State of	legal dofficile 11
21,5	4	Summary Briefly describe the organization's mission or most significant activities. LOW INCO	OME HOUST	NG FOR TH	E POO	DR
•	1	Briefly describe the organization's mission of most significant activities.	JIAB HOODI	NO TOK THE	100	· · · · · · · · · · · · · · · · · · ·
100	ļ					
rna				<u> </u>		
Governance	1	Check this box I if the organization discontinued its operations or disposed of			1 1	6.
		Number of voting members of the governing body (Part VI, line 1a)			3	6.
es		Number of independent voting members of the governing body (Part VI, line 1b)			4	0.
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	
cti	6	Total number of volunteers (estimate if necessary)	· · · · · · · ·		6	
•		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	
			<u> </u>	Prior Year	-	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	705 01	0.	0.
Revenue	9		785,0		787,207.	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 70)	· S		56.	80.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 1 iten R. 0.7. 2018	! - ! 위 	705 0	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	785,23		787,287.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .OGDEN, UT Benefits paid to or for members (Part IX, column (A) lines 1-3) .OGDEN, UT	r· ·		0.	<u> </u>
	'	Beliefite paid to of for members (fart or, column (fy, mis 4)		163,86		160,808.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • • •	163,66		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	· · · · · 		0.	0.
EX	b	Total ferral along expenses (Farrix, selamin (5), into 25)		521,58	.	506 770
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				596,779.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · ├──	685,45		757,587.
- 0	19	Revenue less expenses Subtract line 18 from line 12	Boo	99,70		29,700.
Net Assets or Fund Balances			Beg	inning of Current		645, 333.
sse	20	Total assets (Part X, line 16)	· · · · }	1,294,62		
ag A	21	Total liabilities (Part X, line 26)	· · · ·			1,227,378. -582,045.
		Net assets or fund balances Subtract line 21 from line 20	 	-611,74	±3.	-302,043.
	rt II	Signature Block			f l	
		nalties of perjury, I declare that I have examined this return, including accompanying schedules ct, and complete Declaration of preparer (other than officer) is based on all information of which p			т тукпо	owiedge and belier, it is
		(Nasy) Jean W		1-	- 9-	2018
Sig	ın	Signature of officer		Date		00/0
He		DORIS LEACH ACTING	14/1	P		
		Type or print name and title	<i></i>			
		Print/Type preparer's name Preparer's signature	Date	 	, PTI	
Paid	d			Check	ן יינ	
	parer	GREGORY E NEISTAT	1/19/20	self-employ		P01257684
	Only					97692
_		Firm's address ▶3201 OLD GLENVIEW RD., STE. 250 WILMETTE, IL 60091	·	Phone no	347-8	53-1234
		RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	 	· · · · · ·	X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.				Form 990 (2016)

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Fori	m 990 (2016)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	LOW INCOME HOUSING FOR THE POOR.	
2	Did the organization undertake any significant program services during the year which were not listed on	the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	am
	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 757,587. Including grants of \$) (Revenue \$	787.287.
	LOW INCOME HOUSING.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		·
		
		
		
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
		···
<u>۔۔</u>	Other program convees (Describe in Schedule O.)	
40	I Other program services (Describe in Schedule O)	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$) ■ Total program service expenses ▶ 757,587.	
JSA		Form 990 (2016)



Part	V Checklist of Required Schedules		(
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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_		X
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		<u>X</u>
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,	Ì		
	Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	
	VII, VIII, IX, or X as applicable	and and and	±, , ''	to call
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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ا ا	ł	v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا ا	1	v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
, .	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ـ ـ ا		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا 🚛 ا	Ì	v
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
		⊢ orm	33U	(2016)

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Part IV

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_	V Checklist of Required Schedules (continued)				
	s e e e e e e e e e e e e e e e e e e e	_		Yes	No
3	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	0a		X
)	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2	ОЬ		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization	on or	-		l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	1		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	ľ			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		2		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of		_		
	organization's current and former officers, directors, trustees, key employees, and highest comper	1	- [į	,
		1	3		Х
	employees? If "Yes," complete Schedule J	· · · -	3		
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more		ł		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line		.	į	v
	through 24d and complete Schedule K. If "No," go to line 25a		4a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		4b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the	year	}		
	to defease any tax-exempt bonds?	2	4c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2	4d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b	enefit	Ì	Ì	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	I	5a		Х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99		j		
	If "Yes," complete Schedule L, Part I		5ь		Х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables t	· · ·	-		
	current or former officers, directors, trustees, key employees, highest compensated employee	- 1	- {		
			6	į	Х
	disqualified persons? If "Yes," complete Schedule L, Part II	⊢	0		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key emp	• 1	Ì		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% confi	ì	_		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	· · ·	7		Х
	Was the organization a party to a business transaction with one of the following parties (see Sched	ule L,	,]	,	١ ,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	ļ.,		7 .	;
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2	Ва		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," con	nplete			
	Schedule L, Part IV	2	8b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member th	ereof)		_	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	- 1	8с		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	_	9		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qu				
	conservation contributions? If "Yes," complete Schedule M	1	0	l	Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		-		
	Part I		4		Х
			-		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If		,	Ì	Х
	complete Schedule N, Part II	_	2		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regul	l l			v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		3		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part			Ì	.,
	or IV, and Part V, line 1		4		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	5a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction v	/ith a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3	5b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-cha	ritable			
	related organization? If "Yes," complete Schedule R, Part V, line 2		6		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organi				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]		Ì	
	Part VI	3	7		X
	I CIL 71,				

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19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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<u>P</u> ar					
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		لملخ	
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		100	, '-}	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	, ,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			4.77 Y	
	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	1			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.		3 		
b	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)		-1 . <u>c</u>	- E - F	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	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		, ' 4 (
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	(FBAR)		ا المستمرد المستقد		
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	<u></u>	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1	
	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			ļ	
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).		, bet		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,	ار المستند ،	ر مدني سا	
	and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ŀ	
	required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	ر منگست		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Ĺ		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7			
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	المتأث		, , , , ,	į
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>	
10	Section 501(c)(7) organizations. Enter.	14 . £	:	j j	
а	Initiation fees and capital contributions included on Part VIII, line 12	1 3 miles			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	7. 💌	ļ		į
11	Section 501(c)(12) organizations. Enter.	- ,		1. 7.	-
а	Gross income from members or shareholders			- 1	-
b	Gross income from other sources (Do not net amounts due or paid to other sources	1, ,]		
	against amounts due or received from them)				ļ
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,	J. 1.		ì
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	133	ļ.,	10	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>	_
	Note. See the instructions for additional information the organization must report on Schedule O			-	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	10 1	ļ, <i>.</i>	. '	
	the organization is licensed to issue qualified health plans	1 /	Ì.]-	,
	Enter the amount of reserves on hand	1.	Ĺ.	<u> </u>	į
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X	_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u>L</u>	L	

Part	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	3.5.1		, 1
•-	If there are material differences in voting rights among members of the governing body, or if the governing		-	1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	10,000	,	
b	Enter the number of voting members included in line 1a, above, who are independent	(\$5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,	TE SE	
-	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			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the organization become aware during the year of a significant diversion of the organizations assets?	6		X
6				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	- <u>-</u> -		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		$ _{\mathbf{x}}$
	stockholders, or persons other than the governing body?		A	. 5 %
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1. 更多	المراجع	1 3 mg
	the year by the following.	8a	X	1
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	85		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	}	x
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			
Secu	on B. Policies (This Section B requests information about policies not required by the internal Nevenue	Oout	Yes	No
	Dilli	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		-
ď	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10ь	1	}
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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?			
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Last .	X
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	425		l
	rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	sd.	4.
15	Did the process for determining compensation of the following persons include a review and approval by		ing.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	土地	15 E	X
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b	-15-2 a 1	A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a			42	
	with a taxable entity during the year?	16a	. No. 1	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	N. S. S.	34	1144
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	.3 · · · · ·		t
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	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 int	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	s· 🟲		
JSA			990	(2016)

	., •,										i age i
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
•	Independent Co	ontra	actors								
			_								

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	orga	nıza	tion	COL	npen	sate	ed any current offic	er, director, or trus	stee
(A)	(B)				C) ition			(D)	(E)	(F)
Name and Title	Average	(do 1	not cl			than o	ne	Reportable	Reportable	Estimated
	hours per	box,	unle	s pe	rson	ıs both	an	compensation	compensation from	amount of
	week (list any	office	er and	dad	rect	or/trust		from	related	other
	hours for related organizations below dotted line)	1 14 ≒	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DORIS LEACH	2.00									
VICE-PRES	0.	X		Х				0.	0.	0.
(2)LENORA JACKSON	2.00	ļ			[
DIRECTOR	0.	Х			L.,		L_	0.	0.	0.
(3)FRANCES POWER	2.00		İ							
DIRECTOR	0.	Х			<u> </u>		<u> </u>	0.	0.	0.
(4)ADRIENNE HILL	2.00		}							
DIRECTOR	0.	Х	_		<u> </u>		L_	0.	0.	0.
(5)GLADYS HARDNICK - BOUYER	2.00							_	_ ,	_
DIRECTOR	0.	Х	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(6)VALERIE J. TOLIVER	2.00	l]		Ì		Ì			
DIRECTOR	0.	X	-				<u> </u>	0.	0.	0.
(7)										
(8)										
(9)		ļ								
(10)		-								
(11)		-	\vdash				-			
(12)			-							
(13)		-			-		-			
(14)			-							

Form 990 (2016)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and h	lig	hest Compensat	ed Emplo	yees (c	ontinued)
' (A)	(B)			(6	C)			(D)	(E)		(F)
 Name and title 	Average				ition			Reportable	Reporta		Estimated
	hours per week (list any					e than o is both		compensation	compensati		amount of other
	hours for			dad		or/trust	ee)	from the	relate organiza		compensation
	related	악	ins	Officer	<u>@</u>	Highest cor employee	Former	organization	(W-2/1099		from the
	organizations	dividua	Ē	Cer	em	hes	me.	(W-2/1099-MISC)			organization and related
	below dotted	현활	Institutional	ì	Key employee	e 6			<u> </u>		organizations
		Individual trustee or director	trust	l	ee e	npe			[ĺ	
		à	stee	ŀ		nsa				1	
						ted	<u>L</u> .				
	 _			l						ł	
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	}- -	}		}						Ì	
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					_						
	L	1		l	1	}			ļ 	}	
		<u> </u>		<u> </u>	ļ	<u> </u>	L_				
	↓_ -	1		}						[
			Ш		<u> </u>						
	 					}				ļ	
1b Sub-total	<u> </u>	·				اا	▶	0.		0.	0.
c Total from continuation sheets to Part VII, S	ection A		• • •		• •		•	0.		0.	0.
d Total (add lines 1b and 1c)								0.		0.	0.
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000	of	
reportable compensation from the organization	n 🕨	0.						 			
											Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highes	t compens	ated	Figure 2
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ıvıdı	ual				• • • • • • • • • •			3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le d	om	per	satior	n ai	nd other compens	sation from	the	The second secon
organization and related organizations gre									le J for	such	4 X
Individual											4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co es " comple	mpen te Sch	satio	on i de J	rron I for	n any such	un: ner	reiateo organizatii son	on or inaiv	duai	5 X
Section B. Independent Contractors	30, 30111p10	10 001	·	.,		00011	<i>p</i> 0,			· · · · · · ·	
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent •	con	tracto	rs t	hat received more	than \$100	0.000 o	f
compensation from the organization Report of year											
(A)							Ţ	(B)			(C)
Name and business add	dress						_	Description of se	ervices	C	ompensation
		_					1				
							4_				
							\perp				
							+				
2 Total number of independent contractors (iii	ncluding bi	ıt not	lir	ute	d to	thos	ال	sted above) who	received		1
more than \$100,000 in compensation from th).	ا1 ن.	oted above) will	TOUGIVEU	j ,	

n_ 1	e e			note to a	(A)	VIII		, _
	, 1°,				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
Similar Amounts	1a	The second secon						
١٤	b				- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · ·	
<u>a</u>	d				-{	100		
Ξ	e	Government grants (contribu			+ " · · ·			
er S	f				1		a transfer of	
동		and similar amounts not include					3 2 3	
and Other Sim	g	Noncash contributions included	ın lines 1a-1f \$		1 · · · · · · · · · · · · · · · · · · ·		1 m 2 mm	
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>		0.		1-1-5	
Program Service Revenue	_	TON THEORY HOMOS		Business Code	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		المراجعة المراجعة المراجعة	
§	2a	LOW INCOME HOUSING		531110	787,207.	787,207.		
3	b							
ě	C C			<u> </u>	<u> </u>			
E	a				 			
gra	f	All other program service rev	700110				-	
5	g g	Total. Add lines 2a-2f	enue	—	787,207.	, , , , , , , , , , , , , , , , , , ,	1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	3		cluding dividen		787,207.		1	()
		and other similar amounts).		.1 >	80.	во.		
	4	Income from investment of			0.	80.		-
	5	Royalties	· · · · · · · · ·		0.			
			(ı) Real	(II) Personal	THE THE STATE OF T		, e . H.	
	6a	Gross rents					A STATE OF THE STA	الأرثوط موانح أنحر
	b	Less rental expenses						台灣主義。
	C	Rental income or (loss)					13 2% 2 A	
	ď	Net rental income or (loss).	· · · · · · · · · · · · · · · · · · ·		0.		- sunimumation and a second	
	7a	Gross amount from sales of	(i) Secunties	(II) Other		Just in the Literature	, 11 S. 15 A.	Sugar gray
		assets other than inventory						
İ	þ	Less: cost or other basis			문			
		and sales expenses			* * * * * * * * * * * * * * * * * * *			
	C	Gain or (loss)			المائدية السكاد المقمساتين		ما وسام ما أو المستحد المستحد	ار از از از از از از از از از از از از از
	d	Net gain or (loss)		<u></u> ▶	0.			
anii veveline	8a	Gross income from fundrai	sing				The state of the s	
		events (not including \$					7.	
2		of contributions reported on li		0		3 · · · · · · · · · · · · · · · · · · ·		AT HE
	b	See Part IV, line 18 Less direct expenses		0.				
'	c	Net income or (loss) from fun			ا داد د د د د د د د د د د د د د د د د د			حست شد شد
١,	9a	Gross income from garning a			- 0.	- 1 A A A A A A A A A A A A A A A A A A	** **	
		See Part IV, line 19	activities a	0.	, ,	. ' ∱		
	b	Less direct expenses		0.	•	* - NI (
		Net income or (loss) from ga			0.			
10) a	Gross sales of inventor	ry, less				1	
		returns and allowances		0.	,			× 1
	b c	Less cost of goods sold	of inventors	0.				·
	Ť	Net income or (loss) from sale Miscellaneous Revenue	s of inventory.		0.			
-		socianous Revenue	-	Business Code		<u>.</u>		+
11								
	b		 -					
	ت ب	All other re-						
		All other revenue						
1	е	Total. Add lines 11a-11d Total revenue. See instructions	· · · · · · · · · · · · · · · · · · ·	· · · · · • •	0.		·	
12	!				787,287.	787,287.		

Part IX Statement of Functional Expenses

_					(4)	
Sec	ction 501(c)(3) and 501(c)(4) organizations mus			ns must complete col	umn (A).	
	Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
۵D,	9b, and 10b of Part VIII.		expenses	general expenses	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				-	
	individuals See Part IV, lines 15 and 16	0.		, , , ,	,, ,	
4	Benefits paid to or for members	0.			,	
	Compensation of current officers, directors,					
9	•	0.1				
	trustees, and key employees					
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)	144,847.	144 047			
7	Other salaries and wages	144,847.	144,847.			
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	0.				
9	Other employee benefits	0.				
	Payroll taxes	15,961.	15,961.			
	Fees for services (non-employees)					
	Management	56,948.	56,948.		_	
	Legal	18,006.	18,006.			
	: Accounting	11,500.	11,500.			
	Lobbying	0.				
	Professional fundraising services See Part IV, line 17	0.	,			
	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.				
	Office expenses	0.		 		
	Information technology	0.		· i		
	Royalties	0.				
		0.				
	Occupancy	0.				
	Travel					
10	Payments of travel or entertainment expenses	0.				
4-	for any federal, state, or local public officials	0.				
	Conferences, conventions, and meetings	7,138.	7,138.			
	Interest	0.	,,150.			
	Payments to affiliates	18,537.	18,537.			
22		55,686.	55,686.			
	Insurance	33,000.	33,000.			
24	· · · · · · · · · · · · · · · · · · ·	- 1 (,	
	above (List miscellaneous expenses in line 24e If				· -	
	line 24e amount exceeds 10% of line 25, column		}	,		
	(A) amount, list line 24e expenses on Schedule O)					
_	CLEANING & MAINTENANCE	76,113.	76,113.		<u> </u>	
	ADMINISTRATIVE	16,113.	16,113.			
	REAL ESTATE TAXES	63,011.	63,011.			
	UTILITIES	144,759.	144,759.			
•	All other expenses ATCH 2	128,968.	128,968.			
	Total functional expenses. Add lines 1 through 24e	757,587.	757,587.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs					
	from a combined educational campaign and			1		
	fundraising solicitation Check here	_				
	following SOP 98-2 (ASC 958-720)	, ^ 1	, ,			

Page **11**

_		2016)			Page 11
Par	t X				
		Check if Schedule O contains a response or note to any line in this P	<u>art X</u>		<u>,</u>
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	155,686.	1	203,366
	2	Savings and temporary cash investments	0.	2	0
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	4,576.	4	6,693
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	· 0.	6 `	ò
ets	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	0.		0
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges	14,550.		14,604
- 1.	-	Land, buildings, and equipment: cost or		3	11,001
	ıva	other basis Complete Part VI of Schedule D 10a 2,450,031.	,		, , , , , , , , , , , , , , , , , , ,
	h	Less accumulated depreciation	306,254.	100	287,717
- [,	11	Investments - publicly traded securities	0.00,201.	11	0
ı.	12	Investments - other securities See Part IV, line 11		12	0
l i	13	Investments - program-related See Part IV, line 11		13	0
- 1	14	Integrable seests		14	0
	15	Intangible assets			132,953
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	682,878.		645,333
$\overline{}$	17	Accounts payable and accrued expenses	274,332.		205,412
- 1	18	Grants payable		18	0
- 1	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
- 1.	22	Loans and other payables to current and former officers, directors,	,, , , , , , , , , , , , , , , , , , ,		75 1 09
≘		trustees, key employees, highest compensated employees, and			, ,
Liabilities		disqualified persons Complete Part II of Schedule L	0.1	22	o o
열 .	23	Secured mortgages and notes payable to unrelated third parties ATCH 4	713,485.	22	713,485
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	713,403
	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	306,806.	25	308,481
١,	26	Total liabilities. Add lines 17 through 25	1,294,623.		1,227,378
7	.	Organizations that follow SFAS 117 (ASC 958), check here ▶ and	* * * * * * * * * * * * * * * * * * * *		2,22,73,0
es		complete lines 27 through 29, and lines 33 and 34.	(4)		1 12
읽	27	Unrestricted net assets		27	
۽ اڇ	28	Temporarily restricted net assets		28	
힐	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.		,	1 1
	30	Capital stock or trust principal, or current funds	11,369.	30	11,369
Φ	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
: جّ	32	Retained earnings, endowment, accumulated income, or other funds	-623,114.	32	-593,414
<u>آڇ</u>	33	Total net assets or fund balances	-611,745.		-582,045
_ 1	34	Total liabilities and net assets/fund balances	682,878.		645,333
—			·		Form 990 (2016

orm 99	00 (2016)		Pa	age 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)			287.
2	Total expenses (must equal Part IX, column (A), line 25)			587.
3	Revenue less expenses Subtract line 2 from line 1			700.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		511,	745.
5	Net unrealized gains (losses) on investments			0.
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments			0.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	[582,	045.
art	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		$\perp \perp$
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	- ' :		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O	-	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,	. 2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1	
	reviewed on a separate basis, consolidated basis, or both	,2 ~ '		
	Separate basis Consolidated basis Both consolidated and separate basis		´-	
b	Were the organization's financial statements audited by an independent accountant?	. 2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	a		
	separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	- 1	[-	7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	t		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	1	
	Schedule O	1 1,0	•	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ı		
	the Single Audit Act and OMB Circular A-133?	. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	>	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	
		Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2016
Open to Public
Inspection

Department of the Treasury Internal Ravenue Service Name of the organization

Employer identification number

131	KD	& DOBSON					23-10130	45
Pa	rt i	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art) See instructions	S
The	orga	anization is not a private fou	ndation because it	t is (For lines 1 through	jh 12, ch	eck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	\mathcal{O}
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	• ,
4		A medical research organiz	•	conjunction with a hos	pital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and st						
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (C	•					
6		A federal, state, or local go	-				,, ,, ,, ,	
7	X	An organization that norma		· ·	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•	5			
8		A community trust describe	•					
9	لـــا	An agricultural research org	-			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions) Ei	nter the	name, city, and state o	the college or
40		university.	lly recover (1) m	ore then 224/e 9/ of its			ntshutona manhamb	no foce and areas
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frient income and u	functions - subject to o nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		An organization organized	•	•	•		` '` '	
12		An organization organized	and operated excl	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ions described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete lii	nes 12e, 12f, and 12g
а	L	Type I. A supporting orga						
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting organization `	You must complet	te Part IV, Sections A	and B.			
b	L	Type II A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizate	on(s), by having
		control or management of		-	the sam	e persor	ns that control or man	age the supported
	_	organization(s) You must						
C	L	Type III functionally integ					•	ly integrated with,
	_	its supported organization		•				
d	L	Type III non-functionally	-		•			• , ,
		that is not functionally into	-	•	•		•	an attentiveness
		requirement (see instruct	•	•		-		.
е	L	Check this box if the orga					•••	I, Type III
•	En	functionally integrated, or ter the number of supported	• •		_	•	lon	
		ovide the following information	_		• • • •			•••••
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	• •		, ,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
(A)								
(B)								
(C)						}		
							<u> </u>	
(D)								
(E)								
(E)								
Tat.	. 1				ł			

Page 2

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	724,936.	736,095.	701,001.	785,057.	787,207.	3,734,296.
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	724,936.	736,095.	701,001.	785,057.	787,207.	3,734,296.
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	1				,	3,734,296.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	724,936.	736,095.	701,001.	785,057.	787,207.	3,734,296.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	424.	145.	42.	156.	80.	847.
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		L	<u> </u>			3,735,143.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup			44 1 (0)			99.98%
14	Public support percentage for 2016 (li		-			14	99.97%
15	Public support percentage from 2015 331/3% support test - 2016. If the o					3340 % or mar	
16a	this box and stop here. The organization	-					. (1
h	331/3% support test - 2015. If the o						• • —
U	check this box and stop here. The organization						1 1
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	2016. If the org	ganization did ni cts-and-circums	ot check a box tances" test, ch	on line 13, 16a eck this box ar	a, or 16b, and lii nd stop here. E	ne 14 is xplain in
b	Part VI how the organization meets to organization		ganization did n	ot check a box d-circumstances	on line 13, 16	a, 16b, or 17a, his box and sto	and line p here.
18	supported organization	did not check		 , 16a, 16b, 17a	or 17b, check	this box and see	▶ □
	instructions	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·		chedule A (Form 99	

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Page	,

Par	t III Support Schedule for Orga (Complete only if you check . If the organization fails to qu	ed the box on	line 10 of Par	t I or if the org			ify under Pa	art II
Sac	tion A. Public Support	any under the	tesis listed be	now, please co	onipiete Fait ii	1		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16 (f) Total
1	Gifts, grants, contributions, and membership fees	_ 			1	_ _		
-	received (Do not include any "unusual grants ")		1	1	Jeda .			
2	Gross receipts from admissions, merchandise				200			
	sold or services performed, or facilities		l		السمموا		į .	
	furnished in any activity that is related to the				,"		f	
	organization's tax-exempt purpose		}	_				
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513 .	1	1				l	
4	Tax revenues levied for the							
	organization's benefit and either paid			<i>J</i>	ļ			
	to or expended on its behalf						1	
5	The value of services or facilities			1				
	furnished by a governmental unit to the		1	*	Ì		Ì	
	organization without charge		1				1	
6	Total. Add lines 1 through 5	-						
7 a	Amounts included on lines 1, 2, and 3		1					
	received from disqualified persons				ļ		1	
b	Amounts included on lines 2 and 3							
	received from other than disqualified		/				ĺ	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			•)	
c	Add lines 7a and 7b		7					
8	Public support. (Subtract line 7c from	15.7	-		2			
	line 6)			, , , , , , , , , , , , , , , , , , ,	, i			
Sec	tion B. Total Support	/						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16 (f) Total
9	Amounts from line 6,	,						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							-
ь	Unrelated business taxable income (less /							
	section 511 taxes) from businesses						1	
	acquired after June 30, 1975]	
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is fregularly carried on							
12	Other income Do not include gain or			[
-	loss from the sale of gapital assets		[Į				
	(Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)					!		,
14	First five years. If the Form 990 is	for the organiza	ition's first, seco	nd, third, fourth	or fifth tax ve	ear as a	section 501((c)(3)
	organization, check/this box and stop here	•	· ·		•			, , , ,
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2016 (line 8			mn (f))		15		%
16	Public support percentage from 2015 Sch		•			16		%
Sec	tion D. Computation of Investme				4. <u>2</u> d			
17	Investment income percentage for 2016 (I			13. column (f))		17		%
18	Investment income percentage from 2015					18		 %
	331/3%, support tests - 2016. If the or						1/3 %. and lir	
	17 is Not more than 331/3%, check the							
ь	331/3% support tests - 2015. If the org							
J	line 18 is not more than 331/3 %, check							
20	Private foundation. If the organization			•			-	
JSA	21 4 000						(Form 990 or 9	

Part IV

Supporting Organizations

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

0000	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		٠
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 12a or 12b in Part I, answer (b) and (c) below	4a	`- <i>,</i>	,
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	,	,
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		- 1 1
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	\$	2
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	i i	2.
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	, ,	, 2°
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	, 'a	
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)	10b		

Parent of Supported Organizations Answer (a) and (b) below.

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? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		,
instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			**
instructions for short tax year or assets held for part of year)		•	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1	8 2	47,
factors (explain in detail in Part VI)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· ·
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		, , , , , , , , , , , , , , , , , , ,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	10 to 10 to	
2 Enter 85% of line 1	2	, A	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1 8.4 - P	
4 Enter greater of line 2 or line 3	4	4 7	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		T .	
emergency temporary reduction (see instructions)	6	<u> </u>	<u></u>
7 Check here if the current year is the organization's first as a non-functionally	y inte	grated Type III supporting of	organization (see
instructions)	•	,,	- `

Schedule A (Form 990 or 990-EZ) 2016

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	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 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016	,		
2	(reasonable cause required-explain in Part VI) See			
	instructions.			- (
3	Excess distributions carryover, if any, to 2016			
a			, ,	`
b	,	1		
С	From 2013			
d	From 2014		*	`.
e	From 2015	-6-	3	
f	Total of lines 3a through e			,
g	Applied to underdistributions of prior years	. ,		
 _h	Applied to 2016 distributable amount	, ,		
i	Carryover from 2011 not applied (see instructions)	-	, s	, , , , , , , , , , , , , , , , , , , ,
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u>-</u>		
4	Distributions for 2016 from	· , · · · · .	, ,	, , , , , , , , , , , , , , , , , , , ,
•	Section D, line 7 \$,
a	Applied to underdistributions of prior years			,
b	Applied to 2016 distributable amount	1		
	Remainder Subtract lines 4a and 4b from 4.	· · · · · · · · · · · · · · · · · · ·	12	
-5	Remaining underdistributions for years prior to 2016, if	,		,
	any. Subtract lines 3g and 4a from line 2 For result	· , , , , , , , , , , , , , , , , , , ,		,
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h	· · · · · · · · · · · · · · · · · · ·	, 3	
•	and 4b from line 1. For result greater than zero, explain in	: '. '	٠,	
	Part VI See instructions	, ,		
7	Excess distributions carryover to 2017 Add lines 3			
'	•		•	l
	and 4c. Breakdown of line 7	·		
	DIEGRADOWII OI IIIIE /		- 1	
a	Evenes from 2012	1		
b	Excess from 2013	 		
	Excess from 2014			
d	Excess from 2015	<u> </u>		
е	Excess from 2016	1	i t)

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

Nam	e of the organization		Employer (dentification number
73	RD & DOBSON		23-7073045
Pa	Organizations Maintaining Donor Advi Complete if the organization answered		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets belo	d in donor advised
	funds are the organization's property, subject to the		1 1 1
6	Did the organization inform all grantees, donors, a	-	
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
P	art II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recr		n of a historically important land area
	Protection of natural habitat	. []	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified I		2c
ď	Number of conservation easements included in (c)		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		inated by the organization during the
	tax year ▶	3	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4	Number of states where property subject to conser	rvation easement is located >	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspect		
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		icial statements that describes the
	organization's accounting for conservation easement		
Pa	art III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	ir assets held for public exhibition, education to its financial statements that de	lucation, or research in furtherance of
b	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other similar		
	public service, provide the following amounts relating	ng to these items.	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SI		
а	Revenue included in Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
For	Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its
	collection items (check all that apply)
а	Public exhibition d Loan or exchange programs
b	Scholarly research e Other
C	Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part
	XIII
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Pai	t IV Escrow and Custodial Arrangements.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form
	990, Part X, line 21
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not
	ıncluded on Form 990, Part X?
b	If "Yes," explain the arrangement in Part XIII and complete the following table
	Amount
C	Beginning balance
	Additions during the year
е	Distributions during the year
f	Ending balance
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
	If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII
Par	t V Endowment Funds.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a	Beginning of year balance
	Contributions
	Net investment earnings, gains,
Ū	and losses
ч	Grants or scholarships
	Other expenditures for facilities
·	and programs
f	Administrative expenses
	End of year balance
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
	Board designated or quasi-endowment > %
	Permanent endowment > %
C	Temporarily restricted endowment ▶ %
	The percentages on lines 2a, 2b, and 2c should equal 100%
3a	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by Yes No
	(i) unrelated organizations
	(ii) related organizations
ь	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4	Describe in Part XIII the intended uses of the organization's endowment funds
Par	t VI Land, Buildings, and Equipment.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value
1a	Land 104,235. 104,235.
b	Buildings
C	Leasehold improvements 723,066. 543,872. 179,194.
	Equipment 39,059. 34,771. 4,288.
	Other
Tota	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016

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$D \sim \sim$	
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Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 990	Part IV line 11h See Form 990	Part Y line 12
	•(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mark	ket value
	ıal derivatives			
	/-held equity interests			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete If the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mari	kei vaine
(1)				
(2)				
_(3)				
_(4)				
(5)				
(6)				
				
(8)			 	
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
Pailix	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		cription	,	(b) Book value
(1) TENA	ANT SECURITY DEPOSITS	оправи		30, 208.
	REPLACEMENT RESERVE			65,597.
	C CURRENT ASSETS			37,148.
(4)				
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) lii	ne 15)		132,953
Part X	Other Liabilities.			
	Complete if the organization answered line 25	"Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie	,
(1) Fede	ral income taxes			•
(2) PREF	PAID RENT	6,	063.	
	ANT SECURITY DEPOSITS		858.	
	RUED INTEREST	215,	221.	•
(5) ACCF	RUED PROPERTY TAXES	52,	460.	
(6) ACCP	RUED MANAGEMENT FEES	15,	086.	
(7) ACCF	RUED WAGES	3,	836.	•
(8) MISC	CURRENT LIABILITES		957.	
(9)			`	
Total, (Colum	mn (b) must equal Form 990. Part X. col (B) line 25)	▶ 308,	481.	

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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JSA 6E1271 1 000 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.

<u>2016</u>

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

73RD & DOBSON

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

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 80. 80. 80. 80. TOTALS

ATTACHMENT 2

LENDER: PROJECT IMPROVEMENT FUND

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

713,485.