Form **990**

Return of Organization Exempt From Income Tax-

OMB No 1545-0047

2016

Open to Public

Department of the Treasury

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

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

		2016 colo	ndar year, or tax year beginning 07/01 , 2016, and ending	77101111330		0 , 20 17		
						er identification n	umber	
		applicable	C Name of orgamization Purple Ribbon Council to Cut Out Domestic Abuse		D Employe	26-2944620	B.111.DC.	
X	Address	change	Doing business as Bloom365		= T - 1 5			
\sqcup	Name ch	hange	Number and street (or P.O box if mail is not delivered to street address) Room/suite	l '				
	Initial ret	turn	20403 N Lake Pleasant Road Suite 117-492			(888)606-4673		
Ш	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
_	Amende		Peoria, AZ, 85382		G Gross re		204,821	
	Applicat	ion pending	F Name and address of principal officer Patrick Armstrong			subordinates? 🔲 Ye s		
			20403 N Lake Pleasant Road Suite 117-492, Peoria, AZ, 85382			s Included? 🔲 Yes		
<u></u>	Тах-өхө	mpt status:		If "N	o," attach a	list. (see instruction	ons)	
J	Website	e: ▶ bloc	m365.org	H(c) Group	exemption	number 🕨		
K	Form of	organization	Corporation	2007	M State	of legal domicile	AZ	
P	art I	Summ	ary					
	1	Briefly de	scribe the organization's mission or most significant activities:					
e		Our missi	on is to prevent teen dating abuse before it starts. Our vision is healthy and safe rela	ationships f	or all			
ang								
er	2	Check th	s box 🕨 🗌 if the organization discontinued its operations or disposed of	more than	25% of	its net assets.		
Š	3		of voting members of the governing body (Part VI, line 1a)		3		7	
8	4		of independent voting members of the governing body (Part VI, line 1b)		4		6	
es	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5		10	
Ϋ́	6		nber of volunteers (estimate if necessary)		6		40	
Ç	7a		elated business revenue from Part VIII, column (C), line 12		7a		0	
(ଧ୍ୟାଧି Activities & Governance	'a		ated business taxable income from Form 990-T, line 34		7b			
3	<u> </u>	Net unre	ated business taxable income norm form 930-1, line 34	Prior Ye		Current Y	ear	
8		Cantribus	vano and grants (Part VIII. line 1h)		60,085		197,089	
Revenue	8		ions and grants (Part VIII, line 1h)		375		7,732	
26	9	-	service revenue (Part VIII, line 2g)		- 0/3		0	
Fe C	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,268			
١	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				204,821	
j	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,728		204,021	
;	13		nd similar amounts paid (Part IX, column (A), lines 1-3)					
;	14		paid to or for members (Part IX, column (A), line 4)		99.954		100,000	
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		29,651	120,090		
ŝ	16a		nal fundraising fees (Part IX, column A), line 11e)	anna anna anna anna anna anna anna ann	2,791	na anu sulau an an an	U Reporteriorae	
Expenses	b		draising expenses (Part IX, column (D) (line 25)	MAN WARRANT		WAS ALLEGATED AND A STATE OF THE STATE OF TH	为类型的复数	
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e) │		12,231		62,804	
	18	Total exp	enses. Add lines 13–17 (mမုန္တာ equal Pari lx), ငုဂျမှုကျ (နီဂို) ine 25) .		44,673		182,894	
	19	Revenue	less expenses. Subtract line 18 from line 12		17,055		21,927	
Net Assets or Fund Balances	H		ets (Part X line 16) OGDEN, UT	ginning of Cu	irrent Year	End of Y	ear	
sets	20	Total ass	ets (Part X, line 16)		32,655		105,306	
A B	21	Total liab	ilities (Part X, line 26)		0		50,725	
25	22	Net asse	ts or fund balances. Subtract line 21 from line 20		32,655		54,581	
P	art II	Signa	ure Block					
			ry, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to t	he best of r	my knowledge an	d belief, it is	
tru	e, correc	ct, and comp	ers polaration of preparer (other manafficer) is based on all information of which preparer h	as any know	ledge			
					$7/\mathbf{a}$	118		
Sig	gn	Sign	atue or officer	Da	ate	X		
He	re	Do	nna Bartos Executive Director					
		Туре	or print name and title					
Pa	id.	Print/Ty	pe preparer's name Preparer's signature Date	<u> </u>	Check	X if PTIN		
		Lisa Ste	evenson (4/	98/18	self-em		81883	
	epare	er	Character CDA LLC	Firr	n's EIN ▶	81-0918	684	
US	se On	עו ⊢	ddress ► 1613 E Montebello Ave Phoenix AZ 85016		one no	(602)319-9	243	
Ma	y the li		s this return with the preparer shown above? (see instructions)			X Ye	s No_	

G-24

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

b

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization simistor. Our mission is to prevent seen dating abuse before it starts. Our vision is healthy and safe relationships for all 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization sprogram service accomplishments for each of its three largest program services, as measured expenses. Section 501e(x) and 501e(x) and 501e(x) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, If any, for each program service reported. 4a (Code:	Part			4 III	
prior Form 990 or 990-E27 If "Yes," describe these new services on Schadule O Did the organization cease conducting, or make significant changes in how it conducts, any program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services are expenses. Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	1	Briefly describe the organization's miss	sion:		<u> </u>
prior Form 990 or 990-E27 If "Yes," describe these new services on Schadule O Did the organization cease conducting, or make significant changes in how it conducts, any program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services are expenses. Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$					
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	2				es 🕅 No
services?					
Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported. 4a (Code:	3	services?			s 🗷 No
axpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported. 4a (Code:					
In 2017 over 6,000 youth between the ages of 13 and 24 completed our 7-Dose Bloom if Up prevention education and healthy relationship curriculum in their school health class. These lessons residiled in 60% of participants disclosing experiencing vicinization, 30% disclosing causing harm or perpetrating violence and 40% signing up to become trained as peer advocates to help cultivate healthy relationships and significant communities. 4b (Code:) (Expenses \$	4	expenses. Section 501(c)(3) and 501(c	(4) organizations are required to report		
In 2017 over 6,000 youth between the ages of 13 and 24 completed our 7-Dose Bloom if Up prevention education and healthy relationship curriculum in their school health class. These lessons residiled in 60% of participants disclosing experiencing vicinization, 30% disclosing causing harm or perpetrating violence and 40% signing up to become trained as peer advocates to help cultivate healthy relationships and significant communities. 4b (Code:) (Expenses \$	4a	(Code:) (Expenses \$	135,262 including grants of \$) (Revenue \$ 131	,506)
4c (Code:) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		In 2017 over 6,000 youth between the ages curriculum in their school health class. Thes causing harm or perpetrating violence and 4	of 13 and 24 completed our 7-Dose Bloom It Use lessons resulted in 60% of participants discle	p prevention education and healthy relationsing experiencing victimization, 30% disc	losing
4c (Code:) (Expenses \$					
4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)					
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)					
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(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)					
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)		Other and the Control of the Control	abadula O.)		
		(Expenses \$ 0 including	grants of \$ 0) (Revenue \$	0)	

rarı	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		9	
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	×	
	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
С	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		×
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e	<u> </u>	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	0	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 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	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×

Párt	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-22		- -
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
210	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		×
	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		×
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			{
	If "Yes," complete Schedule L, Part I	25b		×
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	×
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		×
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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	×
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		×
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	\ ''		
	19? Note. All Form 990 filers are required to complete Schedule O.	38		×

orm 95	(2016) ,				age Q
Part			_		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11	7		34 24,234
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	7.73	3.	
С	Did the organization comply with backup withholding rules for reportable payments t reportable gaming (gambling) winnings to prize winners?	o vendors and	1c	×	\$(") '&\
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		200		7
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 10			*;
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	ructions)		· · ·	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature o over, a financial account in a foreign country (such as a bank account, securities account, account)?		40	j	×
b	·		4a	. 7	7,
b	If "Yes," enter the name of the foreign country.	^	67 5 967	1600	1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		<u>×</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		}
6a	Does the organization have annual gross receipts that are normally greater than \$100,00		60		×
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such		6a		-
7	gifts were not tax deductible?		6b	222	14433M
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	nartly for goods			
4	and services provided to the payor?	partly for goods	7a	REMARK	×
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	, , , , ,	7b		 ~
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for		<u> </u>		
	required to file Form 8282?		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		700	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e	11439444114	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		×
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	2002	过数	应 查
	sponsoring organization have excess business holdings at any time during the year?		8		×
9	Sponsoring organizations maintaining donor advised funds.				
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 personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor.	on?	9b	79 W.C	X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	9,0		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	100		1000
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a	EX.	於	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	<u> </u>	6400000
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	磁流		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100		12/3/73
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1.1861	1.6j.
b	Note. See the instructions for additional information the organization must report on Schedule Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	, ,			
_	Cates the amount of second on head	13b			Pag.

Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI	ıle O. See ıı	nstruct	tions.
Sect	tion A. Governing Body and Management		· ·	. <u>×</u>
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	7	Yes	No
ь 2		6 % with 2		×
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person?	direct 3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed Did the organization become aware during the year of a significant diversion of the organization's assets Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap one or more members of the governing body?	5		x x
b	•	bers,	†	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken of the year by the following:			
а b 9	Each committee with authority to act on behalf of the governing body?	. 8a . 8b ned at	+	
Sect	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. ion B. Policies (This Section B requests information about policies not required by the Internal	. 9 Revenue (Code.)) <u>*</u>
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?			×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the fo			 ^-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			18/16
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "describe in Schedule O how this was done	Yes," 12c	. ×	
13 14 15	Did the organization have a written whistleblower policy?	. 13 . 14 al by	+	
a b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official	6.052(6.18		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange with a taxable entity during the year?	ment 2		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps to safeguar organization's exempt status with respect to such arrangements?	te its		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (state of the properties of th	Section 50 ¹	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict financial statements available to the public during the tax year.	t of interes	: policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books Donna Bartos 20403 N Lake Pleasant Road 117-492, Peoria, AZ, (888)60		s: Þ	

	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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 employees."
- 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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)							compensation from	amount of
	week (list any hours for	일	ž	Q	ু	9, =	7	from the	related organizations	other compensation
	related	divid	ŧŧ	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	용교	١٥	()) pic	8 8	[]	(W-2/1099-MISC)		organization and related
	line)	`t	함	1	Key employee	l ä	l	Į.	}	organizations
		Individual trustee or director	Institutional trustee			Highest compensated employee]			
	ļ		L°.		_	řed.	L	ļ		
(1) Patrick Armstrong	2						ļ			
Board Chair	0	×	ļ	×	l			0	o	0
(2) Seth Anderson	1									
Treasurer	0	×	<u>L</u> _	x				0	0	0
(3) Stephanie King	1				1					
Secretary	0	×	$oxed_{-}$	×	L			0	0	
(4) Lea Haben Woodford	1	}	Į.	l	ł	l		-		
Director	0	×	<u> </u>		$ldsymbol{oxed}$	ļ	$oxed{oxed}$	0	0	0
(5) Jack Selby	11	Į					1			
Director	0	×	<u> </u>	L	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	0	0	0
(6) Judge Lynn Toler	11	ļ	}	l	}		1	}	1	
Director	0	×	<u> </u>	╙	┡	 -	\vdash	0	0	0
(7) Donna Bartos	40	{	İ		ļ	ĺ	İ		_	_
CEO	0	<u> </u>	<u> </u>	×	ـــ	 	↓_	61,120	0	0
(8)	 	}								1
(9)					Γ					
(10)	ļ		}—	-	-	}	├-	 	<u></u>	
	†	1	ļ _			<u> </u>		ļ		
(11)										
(12)			\vdash		\vdash	 	\vdash			
	}		ļ	\vdash	\vdash	<u> </u>	\vdash	 	<u> </u>	<u></u>
(13)	 	}			}	}	}			
(14)	ļ			Γ						
	,	1			1	1	1	1	i	1

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (continue	ed)
(A) Name and title		(B) Average hours per week (list any	N						(D) Reportable compensation from	(E) Reportabl compensation related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)				_	┢							
(17)			 		-			-			_	
(18)					-		<u> </u>					
(19)					-							
(20)					\vdash	-		-				
				-	-			_		-		
(22)				-	_			_				
(23)			-			-					-+	
				-		_		-				
(25)				_	-	-						
1b c	Sub-total	VII, Sectio	n A					>	61,120		0	
d	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	t not limited	to th					e) w	ho received m		<u> </u>	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc	tor, c						ployee, or high			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividual 	5 ×
Section	on B. Independent Contractors											191-17
1	Complete this table for your five highest compensation from the organization. Repyear.	•		•								
	(A) Name and business add	Iress							(B) Description of s	services		(C) Compensation
						_					<u> </u>	
2	Total number of independent contractor received more than \$100,000 of compens	•	-					o th	nose listed ab	ove) who		

Part	VIII.	Statement of Reve							_
		Check if Schedule O	contains a	resp	onse or note to			<u></u>	<u> </u>
	- - -	an ang kalang dan Jang Sang Sang Tanggan Janggan Sanggan				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	3			1 / 4	the sy the co		revenue	oranimae nakulaisi	512-514
ons, Gifts, Grants Similar Amounts	1a	Federated campaigns	_	1a					
Sra	b	•	<u> </u>	1b				ging on with	
ts, (Arr	С	Fundraising events .		1c	· · · · · · · · · · · · · · · · · · ·		~ 13, 13 13 13 1		land and a land
Gifts, ilar An	d	Related organizations		1d	 				
S, E	е	Government grants (con		1e	80,806			,	l· ` ' '
Contributions, and Other Sim	f	All other contributions, gr		ļ		•		,	1 ' ' '
Contribution and Other		and similar amounts not inc	luded above	1f	116,283	•			, .
A A	g	Noncash contributions include	led in lines 1a-1	f: \$ _	2,500		Į	,	1
	h	Total. Add lines 1a-1	<u>f</u>	<u></u>	<u> • </u>	197,089	· , , , , , , , , , , , , , , , , , , ,		,
<u>=</u>					Business Code			1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
γeΓ	2a	Curriculum and training			611699	7,732	7,732		
æ	ь								
Ę.	С								
Ser	d				1			ļ	
Program Service Revenue	e								
ogu	f	All other program serv					2000 1 20 CV A 200 A 30 BY V A	Jan Far Farmi Azar ex)
<u> </u>	g	Total. Add lines 2a-2	<u>f</u>		<u> </u>	7,732	C USE NOTE BY	、社会、政策、政策、政策	THE THE WAR THE THE
	3	Investment income							
		and other similar amo	•						
	4	Income from investmen	t of tax-exem	pt bo	nd proceeds				
	5	Royalties	<u> </u>	•••	<u> ▶</u>	William Colors As La State Color	11 2000 16 2000 1620 16 15 16 17	The Tay Lots in 180 (20 Hells)	1 55 (40 1 25 20 1 26 1 20 1 20 1 20 1 20 1 20 1 20 1
			(ı) Real		(ii) Personal				
	6a	Gross rents						Profession Carlo	
	b	Less: rental expenses							
	С	Rental income or (loss)		0	0		New York		
	d	Net rental income or (٠,	<u> </u>	C	Printer turi virinta del estan escrita	MSKO PA LODA AS KOLA MSKOLA	4 2005 4200 H 2001 452 00 12 2001
	7a	Gross amount from sales of	(i) Securitie	s	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses .						100	
	С	Gain or (loss)	L	0	0				
	d	Net gain or (loss) .		٠,	<u> •</u>	and the succession of the succession		hear in this in a	R CAN GARDS CAN MANAGAN
a)								an Sur Pur	
ğ	8a	Gross income from fu	indraising						
ě		events (not including \$		<u>,-</u>					1
æ		of contributions report	-						
Other Revenue		See Part IV, line 18 .				"你是我们的人			
5	b	Less: direct expenses		. b				100000000000000000000000000000000000000	Haria and Albania A
		Not income or (loce) f	rom fundrais	eina 4	avante 🕨	1 (115: 5:000 2:565 3:000 150	Li	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 61,120 30,620 30,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 50,994 50,994 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 460 460 10 Payroll taxes 7,516 5,637 1,879 11 Fees for services (non-employees): Management 825 825 b Legal 2,150 2,150 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 4,235 1,815 210 2.210 6,750 1,922 12 Advertising and promotion 4,468 360 13 Office expenses 2,474 14 Information technology 2,474 0 15 Royalties 16 Occupancy 833 625 208 17 Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,002 1,623 19 Conferences, conventions, and meetings 8,625 20 21 Payments to affiliates 22 570 428 57 86 Depreciation, depletion, and amortization . 23 1.636 1,227 409 24 Other expenses. Itemize expenses not covered 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.) Telephone & Telecommunications 5,601 3,446 2,155 Print Materials 14,705 14,669 36 Supplies 582 6,903 6,321 C Subscriptions, Reference 3,804 1,615 1,557 632 3,066 480 146 3,693 All other expenses Total functional expenses. Add lines 1 through 24e 182,894 135,262 46,198 1,434 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	23,729	1	48,332
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,500	4	55,369
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			7 - 7
	l	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		-	1
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	,		
	1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	, , , ,	<u> </u>	
sts		organizations (see instructions). Complete Part II of Schedule L		6_	
Assets	7	Notes and loans receivable, net		7	
۷	8	Inventories for sale or use		88	
	9	Prepaid expenses and deferred charges		9	750
	10a	Land, buildings, and equipment: cost or		4/4	
		other basis. Complete Part VI of Schedule D 1,710		112	
	b	Less: accumulated depreciation 10b 855	1,426		855
	11	Investments – publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15 16	Other assets See Part IV, line 11	20.655	15	105 206
	17	Total assets. Add lines 1 through 15 (must equal line 34)	32,655		105,306 5,916
	18	Grants payable		18	3,310
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
တ္က	22	Loans and other payables to current and former officers, directors,		100	772077067736784073577
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons. Complete Part II of Schedule L	DATE OF THE PARTY	22	The state of the s
֓֞֞֞֜֞֞֞֜֞֞֜֞֞֜֞֞֓֓֞֜֞֜֞֓֓֡֞֜֞֡֞֡֡	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third]	
		parties, and other liabilities not included on lines 17-24). Complete Part X		}	44,809
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	O	26	50,725
Se		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	32,655	27	54,581
ala	28	Temporarily restricted net assets	02,030		0 0
8	29	Permanently restricted net assets	0	29	0
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	ne hoo ha hadhach	11.75	*************
<u>-</u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S S	33	Total net assets or fund balances	32,655	_	54,581
	34	Total liabilities and net assets/fund balances	32,655	34	105,306
					Form 990 (2016)

Page	1	2	
	_	_	

Form 990 (2016)
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Par	t 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			4,821
2	Total expenses (must equal Part IX, column (A), line 25)	2		182	2,894
3	Revenue less expenses. Subtract line 2 from line 1	3		2	1,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	2,655
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	33, column (B))	10		5	4,581
Part	XII Financial Statements and Reporting				_
	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 Accrual Other	-1-1		71.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ii	1 /		11/2
2-			تندلا	دسند	S2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-	 مامط م	2a	C. 239	77.3
	reviewed on a separate basis, consolidated basis, or both:	Dileta O	CALL OF THE	(7)	73:71
	Separate basis Consolidated basis Both consolidated and separate basis		10.3 20		
b	Were the organization's financial statements audited by an independent accountant?		2b	7.3.30	X
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountance.	d on		6.780	TAN COMME
	separate basis, consolidated basis, or both:	JG 511 1			
	Separate basis Consolidated basis Both consolidated and separate basis			100	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiah	t Beauty	الثلكتين	a destroite
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	1 37.7	医	Sec.
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	า		- Lacritical
	the Single Audit Act and OMB Circular A-133?		. За		×
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	ա 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

oul	ole R	libbon Council to Cut Out Domestic	Abuse				26-294	14620
Pa	rt I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
he	orga	anization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		A church, convention of churcl	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii). ((Attach Schedule E (F	orm 990	or 990-E2	Z).)	
3		A hospital or a cooperative hos						
4		A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the
_		hospital's name, city, and state						
5	L	An organization operated for to section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a governmenta	al unit described in
6		A federal, state, or local govern						
7	X	An organization that normally described in section 170(b)(1)		·	port from	a goveri	nmental unit or from	the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi or university or a non-land-grauniversity:						
10		An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt ful income and uni	nctions—subject to c related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organization organized and	operated exclus	sively to test for public	safety.	See sect i	on 509(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	section 509(a)(3).
8	3	Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t	-	
ŀ	•	Type II. A supporting organization(s). You must	the supporting o	rganizatıon vested in	the same		• •	
(;	☐ Type III functionally integ its supported organization(ally integrated with,
(t	Type III non-functionally i that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	•
•	•	☐ Check this box if the organ functionally integrated, or T						e II, Type III
1		inter the number of supported o						
	3 F	Provide the following information	about the supp	orted organization(s).			· · · · · · · · · · · · · · · · · · ·	
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
В)								
C)								
D)								
E)								
			\$676.18076.13076.58076.11	16.77 17.58 150% 16.57 17.57 18.78	5577255 725	Jan 18 18 11		0

	(Complete only if you checked the						lify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests lis	stea below, pi	ease comple	te Part III.)	
	dar 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.")	93,886	103,294		(u) 2013 64,402	197,089	529,645
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	93,886	103,294	70,974	64,402	197,089	529,645
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)						15,037
6	Public support. Subtract line 5 from line 4	STATE OF THE STATE	NEW CHECK			6343656	514,608
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	93,886	103,294	70,974	64,402	197,089	529,645
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
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.)					7,732	7,732
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	-	ons)			12	537,377
13	organization, check this box and stop he				_		
Secti	on C. Computation of Public Suppor			· · · · ·	<u> </u>		<u>· · · · </u>
14	Public support percentage for 2016 (line 6	<u>_</u>		1. column (f))		14	95 76 %
15	Public support percentage from 2015 Sci					15	<u>%</u>
16a	33½% support test—2016. If the organibox and stop here. The organization qua	ization did not	check the box	k on line 13, ar	nd line 14 is 33		
b	331/2% support test—2015. If the organithis box and stop here. The organization				•		
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the	e "facts-and-d ts-and-circum:	circumstances' stances" test.	' test, check t The organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

•							
	le A (Form 990 or 990-EZ) 2016						Page 3
Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support						
	dar 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		i				•
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	<u> </u>		<u> </u>	-	<u> </u>	0
_	sold or services performed, or facilities					ı	
	furnished in any activity that is related to the						0
3	organization's tax-exempt purpose Gross receipts from activities that are not an	 - 					_
•	unrelated trade or business under section 513)					0
4	Tax revenues levied for the		 				
7	organization's benefit and either paid	l					
	to or expended on its behalf]		.]]	0
5	The value of services or facilities						
_	furnished by a governmental unit to the		'	'			
	organization without charge)				ļ	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3	<u> </u>					
	received from other than disqualified	[[' 			\	
	persons that exceed the greater of \$5,000]		!			
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c from line 6.)	100					0
Secti	on B. Total Support	[\$0.00 a salato & 1800 a sal	Terretario e resta e restata e re-	THE STATE STATE SAME.	ONE ESSENTIAL PROPERTY.	Section and the state of the section	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	0		0	0	0
10a	Gross income from interest, dividends,	 					
	payments received on securities loans, rents,	}					
	royalties and income from similar sources	{	u.				0
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	'					
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or	<u> </u>			L		
	loss from the sale of capital assets]		}			
	(Explain in Part VI.)	[0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.))o	0		_	О.	0
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	> 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	Α			-	

	(Explain in Part VI.)		1	ì			1		0
13	Total support. (Add lines 9, 10c, 11,					-			
	and 12.)	O	o	0	0		0		0
14	First five years. If the Form 990 is for the org								
	organization, check this box and stop here					· · · ·	<u></u>	. ▶	
Secti	Section C. Computation of Public Support Percentage								
15	Public support percentage for 2016 (line 8, colu	ımn (f) divide	ed by line 13,	, column (f))		15		0	%
16	Public support percentage from 2015 Schedule	A, Part III, Ii	ine 15 <u>.</u>	<u>.</u>	<u> </u>	16			%
Secti	tion D. Computation of Investment Income	Percenta	ge						
17	Investment income percentage for 2016 (line 10	Oc, column (f) divided by	line 13, colum	nn (f))	17		0	%
18	Investment income percentage from 2015 Sche	edule A, Part	III, line 17 .			18		0	%
19a	331/3% support tests—2016. If the organization	did not che	eck the box	on line 14, an	id line 15 is m	ore than	33 ¹ /3%,	and line	
	17 is not more than 331/3%, check this box and st	t op here. The	e organizatior	n qualifies as a	publicly suppo	orted org	anization	. ▶	
b	331/3% support tests - 2015. If the organization	did not checl	k a box on lir	ne 14 or line 1	9a, and line 16	is more	than 331/	з%, and	
	line 18 is not more than 331,8%, check this box ar	nd stop here.	. The organiza	ation qualifies	as a publicly s	upported	l organiza	tion 🕨	
20	Private foundation. If the organization did not	check a box	on <u>line 14,</u> 1	19a, or 19b, c	heck this box	and see	instructio	ons 🕨	

Part IV Supporting Organizations

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

Section A. All Supporting Organization	ons
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1	Are all of the organization's supported organizations listed by name in the organization's governing					
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by					
	class or purpose, describe the designation. If historic and continuing relationship, explain.					

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b	J-1040-1-1

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7	477	A
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	ماتتسما	المنت
b	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		7.5	
	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,		`/	- I
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	6, 4, 6,	10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	(A) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	supervised, or controlled the supporting organization.	2	manital a	المحاطبت
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		2004	
Cooti		_1_	Ĺ	L
Secu	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	200		2057
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	111111111111111111111111111111111111111	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1165 ²³ Vehil .	£369.68.\$
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		
Secti	on E. Type III Functionally Integrated Supporting Organizations		ı	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	
	The organization satisfied the Activities Test. Complete line 2 below.	115010	Clion	3).
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struci	ions).
		000		
2	Activities Test. Answer (a) and (b) below.	TOWN.	Yes	No Mark
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	The N		
	that these activities constituted substantially all of its activities.	2a	Main's	Lating to
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	01.77 9X19	7.70m	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		K.	阿勒
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		- ALLES
3	Parent of Supported Organizations. Answer (a) and (b) below.	意味を	1.12	NEW 4
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? Provide details in Part VI.	3a	1. a/c/ :-	166/ 8 00
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		a de la constante de la consta

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4	0	0			
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			i pri dilipitati			
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d	0	0			
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3	0	0			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0			
6 Multiply line 5 by .035.	6	0	0			
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0			
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)			0			
2 Enter 85% of line 1.	2		0			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	SHOW OF THE PROPERTY OF THE	0			
4 Enter greater of line 2 or line 3	4	TOTAL DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA CO	0			
5 Income tax imposed in prior year	5	PART AND AND THE AND AND A				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	a di Karana	0			
 7 Check here if the current year is the organization's first as a non-functionall instructions) 	y in	tegrated Type III supporting				

Part	Va Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	<u></u>
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.			
	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0
			(ii)	(iii)
\$¢	ection 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		The transfer of the state of th	0
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:	CANAL THE BEST OF		Car Tale That Boat New York
а		Blue of the following the state of the	The State State State State State State	tur je julya, dar je jug 15 tak je jaj 19 Liko ki da Pikiro ki da kali stalika i
			TO A DESCRIPTION OF THE SECOND	ranthe he more than
	From 2013			\$45.00 Marie 13.00 Paris Marie 1360
d	From 2014	REAL PORCES OF THE REAL PORCES	tion (but) the tree was the	CONTROL YOUR FORESTERN FREE
e	From 2015	Sugar Barrell	Parker Service	
f	Total of lines 3a through e	0		TO THE PROPERTY OF THE PARTY OF
g	Applied to underdistributions of prior years		essent asserted to the feet the territory and the	
<u> </u>	Applied to 2016 distributable amount			STATES AT PARTY PROPERTY INC. 18170
	Carryover from 2011 not applied (see instructions)	New King Beach Constitution beach	earth the various	
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		TOTAL WITH COLUMN TO A CONTROLLY
4	Distributions for 2016 from			97/987/975/1987/1987/98/98
	Section D, line 7:			
	Applied to underdistributions of prior years	Paragraph and property	Sent terrori programment in contraction	Charles was the box of a
b	Applied to 2016 distributable amount	ale This per the talk the	Bara Bara Maria Bara Bara Bara	
С	Remainder. Subtract lines 4a and 4b from 4.	0	25476247350478547A5567491	# 17 1 1 2 2 2 2 1 7 2 1 2 1 2 1 2 1 2 1
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•	any. Subtract lines 3g and 4a from line 2. For result		0	
	greater than zero, explain in Part VI. See instructions.		· ·	
6	Remaining underdistributions for 2016. Subtract lines 3h			<u> </u>
•	and 4b from line 1. For result greater than zero, explain in			0
	Part VI. See instructions.			_
7	Excess distributions carryover to 2017. Add lines 3j and 4c.	0		
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<u>a</u> _	Excess from 2013			PHYSICAL THE ACT OF THE PARTY O
<u> </u>			A CONTRACTOR AND THE SERVICE	10.2576.14876.27876.18978.1974.576.2786. 464-477.1866.1896.6797.6797.1867.18
<u> </u>	Excess from 2014			ten da se a sensita da
<u>d</u> _	Excess from 2015		The year year the state that the	
<u>е</u> _	Excess from 2016	公子不是"不是"不是不是外外的特殊是一	"是我们为你没有不是你的	的教育等的學術。在特別的

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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. ► Attach to Form 990.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Purple	Ribbon Council to Cut Out Domestic Abuse	26-2944620					
Par	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				
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	•					
	funds are the organization's property, subject to th	•					
6	Did the organization inform all grantees, donors, a	• • •					
	only for charitable purposes and not for the benef						
Dor	conferring impermissible private benefit?		· · · · · · · L Yes L No				
Par	Conservation Easements.	Was an Farm 000 Bort IV line 7					
1	Complete if the organization answered '						
,	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreat		f a historically important land area				
	Protection of natural habitat	•	f a certified historic structure				
	Preservation of open space	Freservation o	a certified historic structure				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation				
_	easement on the last day of the tax year.	na a quamoa oonoon anon oonii bana	Held at the End of the Tax Year				
а			Non-Sea				
b	Total acreage restricted by conservation easement						
С	Number of conservation easements on a certified h						
d	Number of conservation easements included in	• •					
	historic structure listed in the National Register .		2d				
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the				
	tax year ►						
4	Number of states where property subject to conse						
5	Does the organization have a written policy reg						
	violations, and enforcement of the conservation ea						
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year				
_	<u></u>						
7	Amount of expenses incurred in monitoring, inspectin \$\blacktriangleright*	g, handling of violations, and enforcing	conservation easements during the year				
8	Does each conservation easement reported on line	2(d) above esticts the requirements of	spection 170/h\(4\\P\(i\)				
J	and section 170(h)(4)(B)(ii)?						
۵	In Part XIII, describe how the organization reports of						
•	balance sheet, and include, if applicable, the text of						
	organization's accounting for conservation easeme						
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.				
	Complete if the organization answered '						
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet				
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of				
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.				
b	If the organization elected, as permitted under S						
	works of art, historical treasures, or other similar		ducation, or research in furtherance of				
	public service, provide the following amounts relati						
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$				
_							
2	If the organization received or held works of art,						
	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·					
a	Revenue included on Form 990, Part VIII, line 1 .						
b	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>				

_		•
Pao	Θ	_

Par	Organizations Maintaining C	collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (conti.	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and ot	her recor	ds, chec	k any of th	ne follov	ving that are a	significa	ant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progi	rams			
b	☐ Scholarly research		е	Other	r					
С	☐ 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 so assets to be sold to raise funds rather the								Yes	□ No
Parl	IV Escrow and Custodial Arran	gements.		_						
	Complete if the organization a 990, Part X, line 21.						·		on Fo	orm
1a	Is the organization an agent, trustee, of included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Part	t XIII and comple	ete the fo	llowing to	able:					
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d		<u> </u>		
е	Distributions during the year					_1e				
f	Ending balance					1f				0
2a	Did the organization include an amount									☐ No
	If "Yes," explain the arrangement in Par	XIII. Check her	e if the ex	kplanatio	n has been	provide	ed on Part XIII	<u> </u>	<u>. </u>	
Par	V Endowment Funds.		_							
	Complete if the organization a									
	<u>L</u>	(a) Current year	(b) Prid	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) F	our yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses						: 			
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses	_								
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the			e (line 1g	, column (a	a)) held a	as.			
а	Board designated or quasi-endowment	•	_%							
b	Permanent endowment >	_%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2d	should equal 10	00%.							
3а	Are there endowment funds not in the	possession of th	e organi:	zation tha	at are held	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 3a	(i)	
	(ii) related organizations							. 3a	(ii)	
b	If "Yes" on line 3a(ii), are the related org		•			'		. 31	<u> </u>	
4	Describe in Part XIII the intended uses of		n's endo	wment fo	unds.					
Part										
	Complete if the organization a	nswered "Yes'	on For	m 990, F	Part IV, lin	e 11 <u>a</u> .	See Form 99	0, <u>Part</u> 2	X, line	e 10.
	Description of property	(a) Cost or ot (investme		1	or other basis ther)		Accumulated epreciation	(d) (Book va	ilue
1a	Land					120				0
ь	Buildings									0
С	Leasehold improvements						· · · · ·			0
d	Equipment				1,710		855			855
e	Other					<u> </u>				0
	Add lines 12 through 1e (Column (d) mus	et equal Form 0	On Part \	Column	(B) line 1	00.1				955

			, <u>, , , , , t</u>	e 11b. See Form 990, P	
	(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year ma	
(1) Financial	I derivatives	-			
(2) Closely-I	held equity interests]		
(3) Other			0		
(A)					
(B)					
(C)					
(D)					
(E)			[
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12) ▶		0	arty of the grade of garages	<u> e na more a lonardo de sa</u>
Part VIII	Investments—Program Related.	m 000 Bort IV	' line	110 Soo Form 000 D	art V lina 12
	Complete if the organization answered "Yes" on For				
	(a) Description of investment	(b) Book value		(c) Method of valu Cost or end-of-year m	
(1)					
(2)					
(3)					
(4)				·	
_(5)					
_(6)					
_(7)					
_(8)					
(9)	15 200 5 . 17 . 1/51 . 101 .	_		rankle rankle ranklus lander tarkle rankle barkle	en Hallag a bankaza Mariato Mariak a
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶		0		
	Other Assets.	000 D + 114		wall make the month and the make the selection of the contra	nizationizati inizationizationi
Total. (Column (Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
Part IX	Other Assets.	m 990, Part IV		e 11d. See Form 990, P	nizani en zanani anizani anizani
Total. (Column (i Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV		e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Formula (a) Description		, line	e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Foi (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)		, line	e 11d. See Form 990, P	art X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		, line	e 11d. See Form 990, P	art X, line 15.) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Part X, col. (B) line 15.)		, line	e 11d. See Form 990, P	art X, line 15. Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		, line	e 11d. See Form 990, P	art X, line 15.) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		, line	e 11d. See Form 990, P	art X, line 15.) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnal Columnal Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		, line	e 11d. See Form 990, P	art X, line 15. Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument of the column of th	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Forline 25. (a) Description of liability (b) Book value income taxes elated liabilities.	m 990, Part IV	, line	e 11d. See Form 990, P	art X, line 15. Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (in Federal in Federal in (in Federal in (in Federal in Federal in Federal in (in Federal in Federal in (in Federal in Federal in Federal in (in Federal in Federal in (in Federal in Federal in Federal in Federal in Federal in (in Federal in Federal in Federal in Federal in Federal in Federal in (in Federal in Federal in Federal in Federal in Federal in Federal in (in Federal in Federal in Federal in Federal in Federal in (in Federal in Federal in Federal in Federal in Federal in Federal in (in Federal in Federal in Federal in Federal in Federal in (in Federal in (in Federal in F	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Forline 25. (a) Description of liability (b) Book value income taxes elated liabilities.	m 990, Part IV	, line	e 11d. See Form 990, P	art X, line 15. Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Co	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Forline 25. (a) Description of hability (b) Book value income taxes elated habilities m foundation	m 990, Part IV	, line	e 11d. See Form 990, P	art X, line 15.) Book value

Page	4
Page	•

Part	Complete if the organization answered "Yes" on Form 990, I		Return.	
1	Total revenue, gains, and other support per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	1964 - T	<u>~</u>
	Investment expenses not included on Form 990, Part VIII, line 7b	40		
a	•	4a 4b		
b	Other (Describe in Part XIII.)		TO S	o
C E	Add lines 4a and 4b		4c	
5 Dort				
Part	· · · · · · · · · · · · · · · · · · ·		er keturn.	
	Complete if the organization answered "Yes" on Form 990, I		747	
1			्रा लह्डा	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما		
a	Donated services and use of facilities	2a		
p	Prior year adjustments	2b	-19991	
C	Other losses	2c	483	
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	0
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.	
Part X	- Loan from foundation Bloom365 receives operating capital from a local foundation	to fund a vital program of the	organization T	his operating
	is utilized as needed to provide program operating funds until grant contract reimbur		_	
				

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Purple Ribbon Council to Cut Out Domestic Abuse	26-2944620
Form 990 Part VI, Section B Policies, line 11b The board of directors reviews and approves the 990 at a regifuling the form	ularly scheduled board meeting prior to
Form 990 Part VI, Section B Policies, line 12c: Upon hiring employees or on-boarding of board members, Blo any potential conflicts. Conflicts of interest are monitored consistently during employee reviews and if require	
Form 990 Part VI, Section B Policies, line 15b Bloom365 is a nonprofit organization that uses the IRS three-the Executive Director's compensation, which is board approved, comparable to similar organizations for simminutes	step safe harbor procedure to establish ilar service, and documented in the
Form 990 Part VI, Section C Disclosure, line 19 The 990 is available though Guidestar and upon request A the future, 990s will be available at bloom365 org	new website is under construction and in
Form 990 Part XI, line 9 -1 due to rounding	