

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

Open to Public

		the Treasury	Do not enter social security numbers on this form as it may be			Inspect	
Inter		ue Service	► Information about Form 990 and its instructions is at www.irs.		<u>סיטו.ס</u>		.1011
-			ndar year, or tax year beginning , 2016, and ending		D. 5	, 20	
В		applicable	C Name of organization INNER BEAUTY PROGRAM INC.		D Employ	er identification ni	umber
	Address	-	Doing business as			27-2695727	
	Name ch	_	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	ETelepho	ne number	
	initial reti	urn	5610 CRAWFORDSVILLE ROAD			(317) 679-5346	
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
\vdash	Amended		INDIANAPOLIS, IN 46224		G Gross re		935,093.
Ш	Applicati	on pending	F Name and address of principal officer	I		subordinates? 🔲 Yes	
			CHRYSTAL B. HINES, PRESIDENT			s included? Yes	
<u> </u>		npt status	✓ 501(c)(3)	P		list (see instructio	ns)
<u>-</u>	Website				exemption		
			✓ Corporation Trust Association Other ► L Year of formation	on 2012	M State	of legal domicile	<u>IN</u>
	art I	Summ					
6)			scribe the organization's mission or most significant activities:				
Governance			ION OF THE ORGANIZATION IS TO PROVIDE SELF-AWARENESS AND EMP	OWERMEN	T TO TOD	AY'S YOUNG L	ADIES
Ľ			ANCE THE FOCUS OF LIVING A VIRTUOUS LIFE.				
ove			is box $\triangleright \square$ if the organization discontinued its operations or disposed o		1 1	its net assets.	
Ü			of voting members of the governing body (Part VI, line 1a)		3		2
Se			of independent voting members of the governing body (Part VI, line 1b)		4		2
Ϋ́	1		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5		0
Activities &	1		nber of volunteers (estimate if necessary)		6		0
•	7a b	Not uprol	elated business revenue from Part VIII, column (C), line 12		7a		0.
	<u> </u>	ivet unrei	ated business taxable income from Form 990-TRine34-IVED	Prior Ye	7b	Current Ye	0.
	8	Contribut	ions and grants (Part VIII, line 1h) JAN 2.3.2010	11101 11		Ourient 16	
ne	1		service revenue (Part VIII, line 2g)		0.		0.
Revenue	1	_	10)		914,479.		935,093.
Re	10 11	Other	nt income (Part VIII, column (A), lines 3, 4, and 7d)	0.		0.	
	12				0.		0.
_			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		914,479.		935,093.
	14		nd similar amounts paid (Part IX, column (A), lines 1–3)		0.		0.
	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0.		0.
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)	25,000.			35,000.
Sen.	1		draising expenses (Part IX, column (D), line 25) ►		0.		<u> </u>
Ä	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		000 407		201.045
	1	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		902,407.		901.945.
	1		less expenses. Subtract line 18 from line 12		927,407.		936,945.
- S		Heveriue		eginning of Cu	-12,928.	End of Ye	-1,852. ar
ance	20	Total assi	ets (Part X, line 16)		89,600.		
Asse	21		Ilities (Part X, line 26)				90,941.
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20		17,841. 71,759.		21,065. 69,876.
	art II		ure Block		71,733.		03,070.
			I declare that I have examined this return, including accompanying schedules and staten	ents and to t	he hest of r	ny knowledge, and	halief it is
tru	e, correct	, and comp	etal Declaration of a caparer (other than officer) is based on all information of which preparer	has any know	edge	ny knowicago and	DONOI, II IS
_			Muxta Life Ine	- 	11/09/	2017	
Sig	n	Signa	ature of officer	Da			
He		1 '	RYSTAL B. HINES, PRESIDENT/CEO				
			or print name and title	•			
D-	.i.d	Print/Typ	pe preparer's name reparer's signature Dat	e	0	PTIN	
Pa		DEBOR	AH L. FIELDS 1	1/09/201	Check [7 self-emp		19268
	epare	' -			n's EIN ▶	35-20138	
US	e Onl	y — —	ddress ► 6100 NORTH KEYSTONE AVENUE SUITE 225 INDIANAPOLIS, IN		one no	(317) 257-60	
Ma	y the IR		s this return with the preparer shown above? (see instructions)				No No
		_		11282Y			90 (2016)

Cat No 11282Y

orm 99	0 (2016) INNER BEAUTY PROGRAM	INC	27-2695/27	Page 2
Part				
•		response or note to any line in this	Part III	<u> </u>
1	Briefly describe the organization's miss		TO TODAYIC VOLING LADIES AND	ENUANCE THE
	INNER BEAUTY PROGRAM INC.'S MISSI			
2	Did the organization undertake any sig			
	prior Form 990 or 990-EZ?			☐ Yes
	If "Yes," describe these new services of			
3	Did the organization cease conducti			
	services?			⊔ Yes ⊻ No
	If "Yes," describe these changes on So			
4	Describe the organization's program s expenses. Section 501(c)(3) and 501(c the total expenses, and revenue, if any	c)(4) organizations are required to rep	port the amount of grants and all	
4a	(Code:) (Expenses \$	936,945. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				· · · · · · · · · · · · · · · · · · ·
				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
4d	Other program services (Describe in S		oue ¢	
4e	(Expenses \$ including Total program service expenses ▶	g grants of \$) (Rever	iue φ	
70	rotal program service expenses	\$ 936,945.		

27-2695727

•			. 63	
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	✓	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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, VII, VIII, IX, or X as applicable.			
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		✓
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		✓
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	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		√
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		√
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		1
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	, , , ,	14a		✓
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		1
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		1
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		1
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		1
	200			

	ensemble of required contented (continued)		T	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	V
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		1
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.			<u>·</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		<u>·</u>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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? <i>If "Yes," complete Schedule R, Part I </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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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	36		▼
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		•
38	Part VI	37		<u>✓</u>
J6	19? Note. All Form 990 filers are required to complete Schedule O.	38	√	
		For	n 990	(2016)

Form 990 (2016) INNER BEAUTY PROGRAM INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· -;	V
		9,40%, 8088	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	51.022		
·	reportable gaming (gambling) winnings to prize winners?	1c	27836881	i di
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	77.2		1897I
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
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)	質点		
3a	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 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		✓
b	If "Yes," enter the name of the foreign country: ▶			SAV.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	LANCE LANCE		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
U.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	V
,	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	2000年2		277
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		1
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		HEW Ch	P-100
•	sponsoring organization have excess business holdings at any time during the year?	8	EDLE	√
9	Sponsoring organizations maintaining donor advised funds.		A TOP	
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	(19.°)	√
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	195 K. H	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	189 S	1
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	23.4	12 (2)	PLANS.
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			3.0
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		√ .
		For	ฑ ษษเ	(2016)

Form 990 (2016) INNER BEAUTY PROGRAM INC 27-2695727 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 . . . 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No 10a **10a** Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official . . . 15b Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 INDIANA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ✓ 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 interest 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 records: ▶ CHRYSTAL B HINES, PRESIDENT, 5610 CRAWFORDSVILLE ROAD, INDIANAPOLIS, IN 46224

Form 990 (2016)	TNNER	BEAUTY	PROGRAM	TNC

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Part VII	Compensation of Officers	Directors,	Trustees,	Key Employees,	Highest	Compensate	d 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 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A)	(19)				C) sition			(D)	/E)	(E)
Name and Title	(B) Average hours per week (list any	box, office	unles er and	s pe d a d	rson	than one than or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndıvıdua or directo	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) CHRYSTAL B. HINES, PRESIDENT				✓				37,407.	0.	37,407.
(2) KAREEM ALI SHARIF HINES					1			48,101.	0.	48,201.
(3)										
(4)										· · · ·
(5)										
(6)										
(7)										
(8)										
(9)										
(10)									,	
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•		[C)								_
	(A)	(B)	(do n	ot ch		ition more	than o	ne	(D)	(E)		((F)	
	Name and title	Average	box, unless person is both officer and a director/trus					an	Reportable compensation	Reportable compensation from		Estimated amount of		
		hours per week (list any	,}	T	_			· ·	from	related	1110111		her	
		hours for related	교학	Institutional	Officer	Key employee		Former	the	organizatio			ensation in the	
		organizations	reg iz	utio	욕	뺽	est o	편	organization (W-2/1099-MISC)	(W-2/1099-M	1130)		niche	
		below dotted	의 를	nal		loye	" <u>ö</u>	1					related	
		line)	Individual trustee or director	trust		ě) ens					organi	ızatıons	
			"	ee			Highest compensated employee							
(15)			 		\vdash	-	-		-					_
1		 												
(16)								ļ						—
3	•••••••	†	1											
(17)		 												_
3	······································	†	1								1			
(18)			<u> </u>											_
	, 		1											
(19)									<u> </u>					_
(20)														
(21)														
(22)														
			<u> </u>				<u> </u>	ļ						
(23)														
(24)														
			<u> </u>								\longrightarrow			
(25)		ļ	ļ				İ							
		L	<u> </u>					Ļ						
1b	Sub-total			•	•		•		85,508.					
C	Total from continuation sheets to Part	•		٠	•		•		0.			(7 E	= 7 K	5
<u>d</u>	Total (add lines 1b and 1c)					•		<u> </u>	85,508.				5608	<u> </u>
2	Total number of individuals (including but reportable compensation from the organi		I to th	iose	list	led a	above	e) w	ho received me	ore than \$10	00,000	of		
	reportable compensation from the organi	Zation										1	w N	
3	Did the organization list any former of	ficer direc	tor c	or tr	usta	22	kev e	mr	alovee or high	est compe	nsated		Yes N	lo I
•	employee on line 1a? If "Yes," complete S											3		
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the	├	<u>_</u>	
•	organization and related organizations													
	individual							., 				4		_
5	Did any person listed on line 1a receive o	or accrue co	ompe	nsat	tion	fror	m any	un	related organiz	ation or ind	lividual		<u> </u>	_
-	for services rendered to the organization?											5		7
Section	on B. Independent Contractors													
1	Complete this table for your five highest of	compensate	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	.000 of		
	compensation from the organization. Rep	•												
	year.	•						-			_			
	(A)								(B)			(C)		
	Name and business add	iress							Description of s	ervices	C	Compens	ation	
NONE									-					
										,				
											•			_
2	Total number of independent contracto	rs (includir	ng bu	ıt n	ot	lımıt	ed to	th	ose listed abo	ove) who			,	
	received more than \$100,000 of compens	ation from t	the or	aan	ızat	ion l	▶					. ·•		- 1

Part	·	Check if Schedule C		ponse or note t	o any line in this	s Part VIII		
		`.	2011411104100	_ 1.100 01 11010 L	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a	0.	056 0 5 CARGAGAN	CAROLA BRIDGE CONTRACT	phat part trans	10 pg tg
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues .	1b	0.	or the nominor	ц еіційны ша	unius rudi tasaan tii	, e. 1000000
s, C Am	С	Fundraising events .	1c	0.		['''		- 1 mm - 4
Gift	d	Related organizations	s 1d	0.] , , , , , , , , , , , , , , , , , , ,			
imi	e	Government grants (con		0.	Total Company Com	and a second of the second of	rangements trees and	The top of the same
tio er S	f	All other contributions, g			y way all tour to your and the	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a trans
ig #		and similar amounts not inc		0.		tole adverse.	tine A continue of the	There of govern the process
id it	g	Noncash contributions include		0.				
	h	Total. Add lines 1a-1	<u>f</u>	<u> ▶</u>	0.			
Je .				Business Code				ni i
eve	2a			624310	935,093.			
e B	b	***************************************						
Zic	C						_	
Se	a							
гап	e	A II _ A b						
Program Service Revenue	1	All other program sen			****	1.11		
	3	Total. Add lines 2a-2 Investment income			935,093.		1	t typent in a com-
		and other similar amo						
	4	Income from investmen	•		0.	0.		
	5				0.	0.		
		rioyanico	(ı) Real	(ii) Personal	0.	0.		
	6a	Gross rents	0.	0.	in w		in the second control of the second control	Proceedings on the season
	b	Less: rental expenses	0.	0.	,	"	ľ · · '	
	c	Rental income or (loss)	0.	 	1			
	d	Net rental income or	<u>_</u>	<u>, </u>	0.	0.		
	7a	Gross amount from sales of	(i) Securities	(II) Other	11	,		
		assets other than inventory	0.	0.	A COMMUNICATION CONTRACTOR CONTRACTOR	THE THE CLE CONTROL	10 1100 K a. 1 1 1	Service and managed as a
	b	Less, cost or other basis			fatopore cartoga	ne forte continue	t the control of	<u>`</u>
		and sales expenses .	0.	0.			11.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	С	Gain or (loss)	0.	0.				1 109
	d	Net gain or (loss) .			0.	0.		
6)					, ,	in the state of th		transtate name
Ž	8a	Gross income from fu	undraising			,	11.00	
š		events (not including \$	0.			W1 1 400 H		
Other Revenue		of contributions reporte	ed on line 1c)					' '"
hei	١.	See Part IV, line 18	·· a					
ŏ	þ	Less: direct expenses						<u> </u>
	C	Net income or (loss) f		events . ►				
	9a	Gross income from gassee Part IV, line 19 .	-					,
	_	Less: direct expenses	-				//////////////////////////////////////	remarks recyster among
	b	Net income or (loss) f		o.				
	102	Gross sales of in		Ivides P	0.	0.		
	IOA	returns and allowance					'	19 5 111 1
	Ь	Less: cost of goods s	••			\$5 - We 3	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Jy July of the bear
	C	Net income or (loss) f			0.	0.		- a,, p /////////////////////////////////
	<u> </u>	Miscellaneous H		Business Code	<u>U.</u>	U.	11 r min h	# 1 1 1 2 2 mm m m n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a				0.		1 111 4	array manager 10
	b	•••••			0.		<u> </u>	
	C				0.			-
	d	All other revenue .			0.	 	 	
	e	Total. Add lines 11a-	-11d	•	0.	 	٠, ,	
	12	Total revenue. See in		•	935,093.	<u> </u>		

935,093.

935,093.

Part IX Statement of Functional Expenses

Section	501(c)(3) a	and 501(c)(4)	organizations mus	t complete al	l columns. I	All other o	organizations must	complete	column (A).

	Check if Schedule O contains a response or note to any line in this Part IX							
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) (Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.	0.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		0.	0.	0.			
7	Other salaries and wages	35,000.	35,000.	0.	, 0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.	0.	0.	0.			
9	Other employee benefits	0.	0.	0.	0.			
10	Payroll taxes	2,053.	2,053.	0.	0.			
11 a	Fees for services (non-employees): Management	0.	О.					
b	Legal	2,025.	2,025.	0.	0.			
С	Accounting	850.	850.	0.	⁵ 0.			
d	Lobbying	0.	O.	0.	<u>'</u> 0.			
e	Professional fundraising services. See Part IV, line 17	```	的學術學的學學學	T	0.			
T C	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0.	0.	0.	0.			
g	(A) amount, list line 11g expenses on Schedule O)	0.	0.	0.				
12	Advertising and promotion	8,240.	8,240.	0.	0. - 0.			
13	Office expenses	10,340.	10,340.		<u>.</u>			
14	Information technology	0.	0.	0.	0.			
15	Royalties	0.	0.	0.	0.			
16	Occupancy	11,308.		0.	0.			
17	Travel	5,041.	5,041.	0.	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	0.	0.	0.	0.			
20	Interest	0.	0.	0.	0.			
21	Payments to affiliates	0.	0.	0.	0.			
22	Depreciation, depletion, and amortization	0.	0.	0.	0.			
23	Insurance	5,891.	5,891.	0.	0.			
24	Other expenses, Itemize expenses not covered			Action (4) In the City	nd the Committee of the			
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column	TOUR DESIGNATION OF THE PARTY O	and make the second sec					
	(A) amount, list line 24e expenses on Schedule O)		Amandomikosp. 1880. up excipt pp. 1992 per pelonio 1912 (nombro dispe	agrandi aggregation of the control o				
а	SEE ATTACHED EXHIBIT A	856,197.	856,197.	O. 500 500 150 150 150 150 150 150 150 150	O.			
b		0.	· · · · · · · · · · · · · · · · · · ·	0.	0.			
. с		0.	·	0.	0.			
d		0.	0.	0.	0.			
e	All other expenses	856,197.		0.	0.			
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	936,945.	936,945.	0.	0.			
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				Form 990 (2016)			

		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28,074.	1	29,174.
	2	Savings and temporary cash investments	12,505.	2	14,787.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	49,021.	5	46,980.
	6	Loans and other receivables from other disqualified persons (as defined under section	ana t e s		t mat word word product that it is plipping to
	1	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	· -	,	Y 744 / LANGEMER DAR O W
ets		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
⋖	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	······································		
	l	Less: accumulated depreciation 10b		10c	0.
	11	Investments—publicly traded securities	O.	11	0.
	12	Investments—other securities. See Part IV, line 11	0.	12	0.
	13	Investments—program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	89,600.	16	90,941.
		Accounts payable and accrued expenses	17,841.	17	21,063.
	18 19	Grants payable	O.	18 19	0.
	20	Deferred revenue	0.	20	0.
	21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to current and former officers, directors,	0.	21	0.
tie	22	trustees, key employees, highest compensated employees, and	modification to finding and of all demonstrates and		
Ē		disqualified persons. Complete Part II of Schedule L	0.	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0. 0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>		<u> </u>
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	17,841.	26	21,063.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	रहेल्य इत्तर महेलेख्य र त्या विरुक्षित्रविद्यामुग्रीम् ।	nimanananin	njaggapapapapapapapapapapa
Ses		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	0.	27	0.
3al	28	Temporarily restricted net assets	0.	28	0.
<u></u>	29	Permanently restricted net assets	0.	29	0.
בֿ בֿר		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
-r		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	71,759.	32	69,878.
Ne	33	Total net assets or fund balances	0.	33	0.
	34	Total liabilities and net assets/fund balances	89,600.	34	90,941.

orm 99	90 (2016) INNER BEAUTY PROGRAM INC 27-2695727			Page 12
Part	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)			935,093.
2	Total expenses (must equal Part IX, column (A), line 25)	\perp		936,945.
3	Revenue less expenses. Subtract line 2 from line 1	\perp		1,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			71,759.
5	Net unrealized gains (losses) on investments			0.
6	Donated services and use of facilities			0.
7	Investment expenses	\bot		0.
8	Prior period adjustments	\perp		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))	<u> </u>		69,876.
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>	<u> 🗸</u>
			<u> </u>	Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	חו ו		
_	Schedule O.			لتبتقاشنا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	C ESPONS PROGRESS OF
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	ı or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		<u>المنتشفة</u>	
D	Were the organization's financial statements audited by an independent accountant?		2b	engas saars
	separate basis, consolidated basis, or both:	па	1000	
	Separate basis Consolidated basis Both consolidated and separate basis			
` c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	iaht		2 12 21 11
C	of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain		1075 30 30	
	Schedule O.	,, ,,		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fortly	h ın		Harmanian Indiana Andra
	the Single Audit Act and OMB Circular A-133?		3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such auditi	8.	3b	1

Form **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

Name	of the organization					Employer identification	n number
	R BEAUTY PROGRAM INC.					27-26	95727
Pai			· · · · · · · · · · · · · · · · · · ·				ons.
The c 1 2 3 4	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a plete Part II.)	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs (A)(vi). (Complet	stantial part of its sup te Part II.)	port from	on 170(b) a gover	(1)(A)(v). nmental unit or fron	n the general public
8	A community trust described i						
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	l to its exempt fu it income and un	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, se (less se	and (2) no more that	n 331/3% of its
11	An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organizatio	ins described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	■ Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
đ	Type III non-functionally that is not functionally inte- requirement (see instructional)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of						
g	Provide the following informatio	1					
	(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)
		<u> </u>		Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)					_		
Total		GENERAL SECTION	THE RESIDENCE OF THE PARTY OF T	Market R	200000000000000000000000000000000000000		

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Total. Add lines 1 through 3 . 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) . 6 Public support. Subtract line 5 from line 4 Section B. Total Support	Part					,, ,, ,		-
Section A. Public Support I diffits, grants, contributions, and membrership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organizations benefit and enther paid to or expended on its behalf. Tax revenues levied for the organization without charge. Total. Add lines 1 through 3. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. The portion of total contributions by each person (other than a government any particulation of the particulation of the particulation of the particulation of line 1 had exceeds 2% of the amount shown on line 11, column (0). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) P. 7 Amounts from line 14. Section B. Total Support Calendar year (or fiscal year beginning in) P. 7 Amounts from line 14. Total support. Add lines 7 through 10. Total support. Add lines 7 through 10. Total support and income from smalar sources activities, whether or not the business is regularly carried on. Total support and income from smalar sources activities, whether or not the business is regularly carried on. Total support Add lines 7 through 10. Total support and income from smalar sources. Section C. Computation of Public Support Percentage Very line support secretage for 2015 file the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stopyfiers for 2015 Schodule A Part II, line 14. Socion C. Computation of positive support secretage from 2015 Schodule A Part II, line 14. Socion C. Computation of positive support secretage from 2015 Schodule A Part II, line 14. Socion C. Organization and the organization did not check abox on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization did not check abox on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization order the firsts-and-circumstances' test, theck t	•							ality under
Calendar year (or fiscal year beginning in) ► 1 Gits, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 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). 8 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, coyalties and income from smilar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10. 22 Gross receipts from related activities, etc. (See instructions). 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support apport. Add lines 7 through 10. 23 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop-firee. 4 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f)). 19 Sa 33/3% support test—2015 if the organization did not check the box on line 13, and line 14 is 33/3% or more, check this box and stop-fire. The organization qualifies as a publicly supported organization. 17 10%-facts-and-pircumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop-fire? Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop-	Secti		\	51 1110 10313 113	sted below, p	lease comple	ote i dit iii.j	
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instructions	b	15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the "fac 	ne "facts-and-ots-and-ots-and-circum:	circumstances stances" test	" test, check The organizat	this box and lon qualifies as	stop here. a publicly
	18	tanamination a					k this box and	see \\
		INSTRUCTIONS	· · · · ·		· · · ·			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support		<u> </u>				
Calen	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")						
2	Gross receipts from admissions, merchandise	0.	0.	0.	0.	0.	<u> </u>
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	169,599.	488,844.	792,440.	914,479.	935,093.	3,300,455.
3	Gross receipts from activities that are not an	103,333.	400,044.	732,440.	314,473.	333,033.	3,300,430.
	unrelated trade or business under section 513	o.	0.	0.	0.	0.	0.
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0.	0.	0.	0.	0.	0.
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	_				_	_
6	-	0.	0.	0.	0.	0.	0.
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	169,599.	488,844.	792,440.	914,479.	935,093.	3,300,455.
	received from disqualified persons .	0.	0.	o.	0.	o.	0.
b	Amounts included on lines 2 and 3	U.		<u> </u>	<u> </u>	0.	
_	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.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from						
Coati	ine 6.)	[新]。第15年	The state of the s	N. B. J. GELLER J. A.	MAN (WITH	[45] (45] (45] (45]	3,300,455.
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	169,599.	488,844.	792,440.	914,479.	935,093.	3,300,455.
	payments received on securities loans, rents,						
	royalties and income from similar sources .	О.	0.	О.	0.	0.	0.
b	Unrelated business taxable income (less				7.0		
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0.	0.	0.	0.	0.	<u> </u>
	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						•
12	Other income. Do not include gain or	O.	0.	0.	0.	J 0.	<u> </u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	0.	О.	О.	0.	0.	0.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	169,599.	488,844.	792,440.	914,479.	935,093.	3,300,455.
14	First five years. If the Form 990 is for the				· ·		
04	organization, check this box and stop he						▶ 🗸
	on C. Computation of Public Suppor			(0)		45	
15 16	Public support percentage for 2016 (line Public support percentage from 2015 Sci		•			15	% %
	on D. Computation of Investment In						
17	Investment income percentage for 2016			v line 13. colur	mn (fl)	17	%
18	Investment income percentage from 2019	•		•		18	
19a	331/3% support tests - 2016. If the organ					nore than 331/35	
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organization						
	line 18 is not more than 331/3%, check this	_	-	•	•	- · ·	
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

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 Organizations

1	Are all of the	organization's	supported	organizations	listed by	name	in the	organizat	ion's	governing
	documents? If "I	No," describe i	ın Part VI h	now the suppoi	rted organi	zations	are des	signated. I	f desi	gnated by
	class or purpose,	, describe the d	designation.	If historic and	continuing	relation:	ship, ex	plaın.		

- 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.
- 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).
- B Did the organization make a loan to a disqualified person (as défined 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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Part	Supporting Organizations (continued)			
11	Lion the organization economical a soft as postable to a frame and of the fall course of	14.39.	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1815		
	below, the governing body of a supported organization?	11a	<u> </u>	1000
	A family member of a person described in (a) above?	11b		
C	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		
Secti	ion B. Type I Supporting Organizations	-		I NI -
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	13.39	Yes	No Uze
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		(表)的 (2) (20)	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	7.35 K		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	125 125 1464.1873		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		M	
2		1	经扩充等约	35000000
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	D.S. Marika S. L.	23112121
Secti	on C. Type II Supporting Organizations			
		E.S.C.	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		1 pless	
	or management of the supporting organization was vested in the same persons that controlled or managed		VE A	
	the supported organization(s).	1	-	
Secti	on D. All Type III Supporting Organizations			
		F 40 10 10	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	34,34		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	対象は		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Market.	12020
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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2	, As street, b	Charles
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	130		
	supported organizations played in this regard.	3		11.00
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C.	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see in:	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
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			
-	that these activities constituted substantially all of its activities.	2a	EATHERIE.	2.584AN
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	30.3		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	200		
2	•	2b	America Po	cc.}4.555594
3. a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Sec. 14.	. YEER
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	TEVE		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 INNER BEAUTY PROGRAM INC 27-269572 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) 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 3 Subtract line 2 from line 1d. 4-Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 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) 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(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			
_		(i)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		of all the will have a serie material communication of	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			and repulsed the treath on adoption while the treatment and a load
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required - explain in Part VI). See			
	instructions.	THE COMMENT AND ADDRESS OF THE COMMENT AND ADDRE	nach mentakan pale menering perlebahan persida alambinah	
3	Excess distributions carryover, if any, to 2016:	induminant in the community of the commu		Supulation Talingulation Talingulation Taling
<u>a</u>	And the second s	WANTER STATE OF THE STATE OF TH		
<u>b</u>			THE RESERVE AND THE PROPERTY OF THE PROPERTY O	
<u> </u>	From 2013	The state of the s		Drawing to the second
d	From 2014	The state of the s		
<u>e</u>	From 2015	Participation of the second of		
<u>f</u>	Total of lines 3a through e	MI PERSONAL SERVICES SERVICES SERVICES		NOT THE CONTRACTOR OF THE CONT
<u>g</u>	Applied to underdistributions of prior years		R. Composition of the compositio	
<u>h</u>	Applied to 2016 distributable amount	CARTANTA REST. METALTA	TO SECURE THE CONTROL OF THE CONTROL	erandenne erenenakoriakoa
<u>i</u>	Carryover from 2011 not applied (see instructions)			operation of the second section of the second secon
<u></u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.	A CHRISTONIAN MACAL PROPERTY AND A CHRISTIAN A		
4	Distributions for 2016 from Section D, line 7:			
<u>a</u> b	Applied to underdistributions of prior years Applied to 2016 distributable amount	PART OF THE PART OF THE P		A COMPANY TO THE ZON NEVER
	Remainder. Subtract lines 4a and 4b from 4.	Bulletin Aller Halletin College And Colleg	#1	
			4.1.25 Bed Control State Control Control Control Control	A TANAMA MATATAKA TANAMA MATA
J	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result	STATE OF THE STATE		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			END A PLANTAGE MANUAL COMPANIES AND HERE
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j	Property and the commence of t	TO THE POST OF THE	NATIONAL PROPERTY OF THE PROPE
•	and 4c.			
8	Breakdown of line 7:	HV 1917 P. 1922 M. MILLION	A CALL ASSESSMENT OF THE PROPERTY OF THE PROPE	
<u></u> a	Diedrowii of life 7.	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	**************************************	E LA TOAT BEFORE WAS INVESTED TO
b	Excess from 2013 . : .	THE PROPERTY OF THE PROPERTY O		LOUIS TO SEE THE THE PROPERTY OF THE PROPERTY
C	Excess from 2014		The state of the s	
<u>, q</u>	Excess from 2015	The state of the s		
<u>u</u>	Excess from 2016			

	orm 990 or 990-EZ) 2016 INNER BEAUTY PROGRAM INC	27-26957		age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Se 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8 lines 2, 5, and 6. Also complete this part for any additional information. (See instruction	l 11c; Part IV, ction E, lines l; and Part V,	Section 1c, 2a	on ., 2b.
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization		Employer identification number
INNER BEAUTY PROGRAM INC.		27-2695727
FORM 644 RATE		_
FORM 990, PARV, LINE 2 b	- Did the organization file all required federal employment tax retur	ns?
	- All pertinent payroll tax reporting returns for the organization wer	re filed.
FORM 990, PART VI, LINE 11 b	Organization's process to review Form 990.	
	- President reviews before signing and processing.	
	,	
FORM 990, PART VI, LINE 19	- Governing documents disclosure explanation.	
	- Documents provided upon request.	
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4-2-4-4-4-4		

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
NNER-BEAUTY PROGRAM INC.	27-2695727
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