Form **990** 

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Address change Name change Number and street (or P O box if mail is not delivered to street address)  Number and street (or P O box if mail is not delivered to street address)  Number and street (or P O box if mail is not delivered to street address)  Number and street (or P O box if mail is not delivered to street address)  Number and street (or P O box if mail is not delivered to street address)  Room/suite  E Telephone number  7 40 - 33 5 - 7 4 5 3  City or town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, country, and ZIP or foreign postal code  Washing town, state or province, co	<u>A</u>	For the	2016 cale	ndar year, or tax yea	r beginning		, 2016, and	d ending			, 20
Name change	В	Check if	applicable	C Name of organization	Fayotte	Progressive	INdus	t11'=5	INC	,	
Name change   Number and series for Pol Dix of mail on to optive day to street address   Room/surfer   For inventormouse   Colorest   State		Address	change	Doing business as	Favette	Progressive	Indu	Sto'e	7	3/	-0898958
Ford equation to make		Name ch	nange	Number and street (or						E Telephor	ne number
Foat equation to make   W_S_N_2 flow CM_OH_OH_OH_V3 bo   Quite receipts \$		Initial reti	urn	1330 Roh	א ענט צענן	dSE	ļ			74	10-335-7453
Application pending   Name and address of prepopul officer   Mark X C   W GHT 2   SARE   add   ESS   High that a group returnity associated   Ves   Mo   Name and address of prepopulation   Solicity   Meanth   Sch   W GHT 2   SARE   add   ESS   High tenders   West   Meanth   Meanth   Sch   Meanth   M		Final retur	rn/terminated			nd ZIP or foreign postal o	ode				
Tax-exempt status		Amended	d return	Washingto	on CH,	OH 43160	)			<b>G</b> Gross re	eceipts \$
Tax-exempt status		Applicati	ion pending	F Name and address of	principal officer	1	)		H(a) is this a or	Oup return for s	subordinates? Yes No
Tax-exempt status				Mark Sc	hwastz	Same ado	dress			•	
Wester   Part	ī	Tax-exer	mpt status				7(a)(1) or	527			
Brefly describe the organization's mission or most significant activities'    Prof.	J	Website	. •						H(c) Group	exemption	number ►
Brefly describe the organization's mission or most significant activities'    Prof.	ĸ	Form of o	organization	Corporation Trust	Association [	Other ▶	L Year o	of formation	1988	M State	of legal domicile
Processional fundraising less (Part IX, column (A), lines 1-30   Total revenue Part VIII, column (A), lines 5-30   Total sands and amounts paid (Part IX, column (A), lines 1-30   Total sands and amounts paid (Part IX, column (A), lines 1-30   Total town propersion (Part IX, column (A), lines 1-30   Total town propersion (Part IX, column (A), lines 1-30   Total sasets (Part X, line 16)   Total town propersion (Part IX, column (A), lines 1-30   T	P	art I	Summ	ary							
Proceedings   Proceedings   Proceedings   Proceedings   Proceedings   Procedings		1	Briefly de	escribe the organiza	tion's mission o	r most significant a	ctivities.				
As a   S   S   S   S   S   S   S   S   S	ė	)	Λ.					- Fo	r D	evelan	Mentally Aisable
4 Number of Independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 9 90 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a	an	l		1+5 of 6	Eavette	Courty				-3	20.20 <del></del>
4 Number of Independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 9 90 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a	E	2		is box ▶☐ if the or	ganization disc	ontinued its operation	ns or disp	osed of	more than	25% of	its net assets.
4 Number of Independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 9 90 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a	Š	1			-	•				1 1	
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 8 Contributions and grants (Part VIII, chile III) 9 Program service revenue (Part VIII) 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 11 Other revenue (Part VIII, column (A), lines 3, 62, 82, 90, 40, and 11) 11 Other revenue (Part VIII, column (A), lines 3, 62, 82, 90, 40, and 11) 12 Total revenue—add lines 8 through-1.1 (mús-Pequalikart VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 1-5) 17 Other expenses (Part IX, column (A), line 15) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part IX, line 16) 21 Total labilities (Part X, line 26) 22 Net assets (Part X, line 26) 23 Total (abilities (Part X, line 26) 24 Total labilities (Part X, line 26) 25 Total expenses (Part X, line 26) 26 Total assets of fund balances Subtract line 21 from line 20 21 Total sabilities (Part X, line 26) 22 Net assets of fund balances Subtract line 21 from line 20 23 Total expenses of fund balances Subtract line 21 from line 20 24 Total expenses expenses. Subtract line 21 from line 20 25 Total expenses of fund balances Subtract line 21 from line 20 26 Total sabelities (Part X, line 26) 27 Total expenses of fund balances Subtract line 21 from line 20 28 Total expenses of fund balances Subtract line 21 from line 20 29 Total expenses of fund balances Subtract line 21 from line 20 20 Total expenses of fund balances Subtract line 21 from line 20 21 Total expenses of fund balances Subtract line 21 from line 20 21 Total expenses of fund balances Subtract line 21 fr	æ			_	_			ne 1b) .		4	7
b Net unrelated business taxable incorrections. Error 990-T, fine 34  Contributions and grants (Part VIIIchie 1h)  Prior Year  Current Year  10 Investment income (Part VIIIchie 20)(A) 7.7 2017  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 6, 88  1	les	ſ		•	-					5	
b Net unrelated business taxable income from 190-T, line 34  Corrent Year  Current Year  Prior Year  Current Year  Prior Year  Current Year  S 5 5 28.2.79  Prior Year  Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue—add lines 8 through—11 (most square trust) (Figure 11 to the revenue (Part VIII, column (A), lines 5, 65 8c; 9c-10c, label 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  15 Total fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11a–11d, 11f–24e)  18 Total expenses (Part IX, column (A), line 12)  19 Revenue less expenses. Subtract line 18 from line 12  Beginning of Current Year  Total labilities (Part X, line 16)  10 Total labilities (Part X, line 26)  Prior Year  Current Year  Current Year  17 Total fundraising expenses (Part IX, column (A), lines 1-3)  10 Total fundraising expenses (Part IX, column (A), lines 1-3)  11 Total expenses Part IX, column (A), lines 1-10  12 Total assets (Part X, line 16)  13 Total (Part IX, column (A), lines 1-10)  Beginning of Current Year  End of Year  10 Total labilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 1 3 7 0  14 1 5 3 3 2 7 7 7 1 7 6 9 7 7 7 6 9 7 7 1 7 6 9 7 7 7 6 9 7 7 1 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 6 9 7 7 7 7	ξ	1			•	-		· • • ,		6	90
b Net unrelated business taxable income. From 190-T, Jine 34  Current Year  Current Year  Prior Year  Current Year  Current Year  Prior Year  Current Year  Current Year  S 5 5 2 8 2 7 9  Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  In Investment income (Part VIII, column (A), lines 3, 4, and 7d)  In Other revenue (Part VIII, column (A), lines 5, 6d 6c 9c - 10c 16d 11e)  Total revenue - add lines 8 through - 11 (must Pediating Art VIII column (A), lines 1-3)  Rand S alaries, other compensation, employee benefits (Part IX, column (A), lines 1-3)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3)  Total fundraising expenses (Part IX, column (A), lines 11e)  Total fundraising expenses (Part IX, column (A), lines 11e)  Total expenses Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses (Part IX, column (A), lines 15 - 10)  Revenue less expenses, Subtract line 18 from line 12  Total assets (Part X, line 16)  Total labilities (Part X, line 26)  Total labilities (Part X, line 26)  Part II Signature Block  Under penalties of pergur, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (stet than phycer) is based on all information of which preparer has any knowledge  Part II Signature Block  Under penalties of pergur, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (stet than phycer) is based on all information of which preparer has any knowledge  Part II Signature of officer  Prim's perparer's name  Prim's address > 12.65 old Cl; II coth C Westing for call, 6th Phone no 740 3355 567	Acı	J		•		* '	. 12			7a	<del></del>
8 Contributions and grants (Part VIII, chipe 1h) 5.5 5.2 8.2 7.9  9 Program service revenue (Part VIII, chipe 1h) 5.5 5.5 5.2 8.2 7.9  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6.8 2.0 8  11 Other revenue (Part VIII, column (A), lines 5, 65.2 6.790-10-Late() 11e) 9.2 5.2 16 1/2.80  12 Total revenue—add lines 8 through 1.1 (must Pequali Rart VIII, column (A), lines 12) 1.2 7 0 1.7 1, 1.2 9, 1.7 7  13 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 1.4 Benefits paid to or for members (Part IX, column (A), lines 1=3) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2.4 1.2 0.0 4.7 9, 38.2  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1.5 Salaries, other compensation of verbin series, and to the best of vival salaries of partin, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder penalties of perium, it declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature block  10 Signature Block  11 Signature Block  12 Signature Block  13 Signature Block  13 Signature Block  14 Signature Block  15 Signature Block  15 Signature Block  15 Signature Block  16 Signature Block  17 Signature Block		1								7b	<del></del>
B Contributions and grants (Part VIII line 1h) Program service revenue (Part VIII column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Investment income (Part VIII, column (A), lines 3, 4, and 7d) It column (A) column (A), lines 5, 6d, 3e, 9o, -10c, abb 11e) It column (A), lines 5, 6d, 3e, 9o, -10c, abb 11e) It column (A), lines 12 It column (A) column (A), lines 13, 14, and 14, lines 12 It column (A), lines 14, column (A), lines 13, 15 It column (A), lines 1-3) It column (A), lines 1-3 It column (A), li	500			<del></del>	191	PEINED	1		Prior Y	ear	Current Year
13 Grants and similar amounts paid (Part IX, column (A), line 1-5)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (B), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than page) is based on all information of which preparer has any knowledge  Signature of officer  Viye or print name and title  Paid  Proparer's signature  Proparer		8	Contribut	tions and grants (Pa	, , , , , , , , , , , , , , , , , , , ,		√	. —	5	65	528.279
13 Grants and similar amounts paid (Part IX, column (A), line 1-5)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (B), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than page) is based on all information of which preparer has any knowledge  Signature of officer  Viye or print name and title  Paid  Proparer's signature  Proparer	ű					Y . 5 7 2047 . 2	<u> زا</u>	🗀	3771		
13 Grants and similar amounts paid (Part IX, column (A), line 1-5)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (B), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than page) is based on all information of which preparer has any knowledge  Signature of officer  Viye or print name and title  Paid  Proparer's signature  Proparer	Ç e	ì					<u> </u>			88	
13 Grants and similar amounts paid (Part IX, column (A), line 1-5)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (B), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than page) is based on all information of which preparer has any knowledge  Signature of officer  Viye or print name and title  Paid  Proparer's signature  Proparer	<u>. Œ</u>	11					111e)		497		161,280
13 Grants and similar amounts paid (Part IX, column (A), line 1-5)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total fundraising expenses (Part IX, column (B), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total Part II  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than page) is based on all information of which preparer has any knowledge  Signature of officer  Viye or print name and title  Paid  Proparer's signature  Proparer	É	12						12)	4270	717	1,129,177
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2 4 / 2 0 0   4 7 9 3 8 2	-	13	Grants a	nd similar amounts	paid (Part IX, co	olumn (A), lines 1=3)	<b>,</b>	[_			
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . 305 454 602 7/4  19 Revenue less expenses. Subtract line 18 from line 12	1	14	Benefits	paid to or for memb	ers (Part IX, co	lumn (A), line 4)		. [			
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . 305 454 602 7/4  19 Revenue less expenses. Subtract line 18 from line 12	Ç.	15	Salaries,	other compensation,	employee bene	fits (Part IX, column i	A), lines 5–	-10)	241	200	479,382
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . 305 454 602 7/4  19 Revenue less expenses. Subtract line 18 from line 12	ÜŞ	16a	Profession	onal fundraising fees	s (Part IX, colum	ın (A), line 11e) .		[			•
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . 305 454 602 7/4  19 Revenue less expenses. Subtract line 18 from line 12	∑pe	b	Total fun	draising expenses (	Part IX, column	(D), line 25) ▶			<i>"</i>	, e 3 t	
19   Revenue less expenses. Subtract line 18 from line 12   12 / 5 6 3   526	3	17	Other exp	penses (Part IX, coli	umn (A), lines 1	1a-11d, 11f-24e)		L_	64	254	123,332
Beginning of Current Year   End of Year		18	Total exp	enses Add lines 13	3–17 (must equa	al Part IX, column (A	), line 25)	· <u> </u> _	3050	154	602714
Total assets (Part X, line 16)		19	Revenue	less expenses. Sub	otract line 18 fro	m line 12	<del></del>				526, 463
Total liabilities (Part X, line 26)   32 870   978	5 8	i t						Be			
Total liabilities (Part X, line 26)   32 870   978	sets	20	Total ass	ets (Part X, line 16)					2050	95	726,421
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Here    Signature of officer	AAB	21	Total liab	ollities (Part X, line 2)	6)				32.8	70	9.781
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Here    Mark Schwartz Executive Director	ž	22			Subtract line 2	1 from line 20 .			172	25	716,639
Sign Here    New Schwartz Executive Director   Signature of officer	P	art II	Signa	ture Block							<del></del>
Sign Here    Signature of officer											my knowledge and belief, it is
Here    Mark Schwartz   Executive Director	tru	e, correc	t, and compl	lete Declaration of prepa	rer (other than onlice	er) is based on all informa	tion of which	preparer na	as any know	reage	<del></del>
Here    Mirk Schwartz   Executive Director	٠.			Men	Sekwa	<i>I</i>				5/1	///7
Type or print name and title  Paid Preparer's name Date Dewris Compbell Preparer's signature Dewris Compbell DEC Date 5/9/17 Check Dif Poos 8/159 Poos 8/1	'	-	Sign	ature of officer	+ 5	De Lie Bien	4-		U	ate	
Print/Type preparer's name    Detail   Detail   Preparer's signature   Date     Print/Sept.   Prin	He	ere		MILK SCHW	arie Es	econte vite	/01				
Preparer Use Only    September   DEC   Sign   Poos 81/59			<del></del>	<del></del>	<del></del>					<del></del>	2 IQTIN
Preparer Use Only Firm's name ► 43160 Firm's EIN ►  May the IRS discuss this return with the preparer shown above? (see instructions)	Pa	id	1 4 1		1 // 1 '				101,-		
Use Only Firm's name Firm's address ► 1265 Old Chill: (oth C; Weshingtowch, oth Phone no 740 335 5677)  May the IRS discuss this return with the preparer shown above? (see instructions)			r De	MAJ COND	Dell	UEC			72		pioyed 100301131
May the IRS discuss this return with the preparer shown above? (see instructions)						11:- 11:0	<del>,,</del>				71/0 736 5/55
			Firm's a					ton cli	OM Ph	one no	
	_						uctionsj .			<del></del>	





Form 990	raye a
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.  See Part I Linc I
	Jee PAIT I LIME I
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
	neres, describe these changes on scriedule o. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 165,975 including grants of \$ ) (Revenue \$ 53,644)
	Employment through Janitorial contricts and Lawn Maintenance
	Lawd Maintenance
	107.021
4b	(Code ) (Expenses \$ 152,737 including grants of \$ ) (Revenue \$ 125,934)  ENCLOSES, Clearing & Stacking total and Stuffing
	ENClare work, clearing stacking tates and stutting
	ENVELOPES,
	<u></u>
40	(Code \ \( \text{Exposses \$ 127.7.35}\) including grants of \$\ \ \( \text{(Revenue \$ 200.927} \)
40	(Code ) (Expenses \$ 237,734 including grants of \$ ) (Revenue \$ 259,832 )
	Enclove, mainted que e, Transportation, Etc By clients for D.D. facility.
	D.D. T. C. C. C. T. Y.
4d	Other program services (Describe in Schedule O.)
-74	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶
	Form <b>990</b> (2016

If "Yes," complete Schedule G, Part III

Part	V Checklist of Required Schedules			age <b>o</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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		V
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		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		V
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		V
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		V
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		/
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		V
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	Did the organization maintain an office, employees, or agents outside of the United States?	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		V
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?			

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		V
	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			/
04.	employees? If "Yes," complete Schedule J	23		<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	24a		1
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		•
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		1
25a	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<del></del>
-	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		V
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	00	: '	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<del> </del>
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		, 	/
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	
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)			<b> </b>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		/
b	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		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		./
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<del></del>
٠.	Part I	31		V
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		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	<del>                                     </del>
34	or IV, and Part V, line 1	34		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	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		V
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.	26		[ ./
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<del>                                     </del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	l		./
	Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O.	38	000	1
		Forr	n サダし	(2016)

a Gross income from members or shareholders	Part Part	V Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter tine number reported in Box 3 of Form 1098, Enter-0- if not applicable Enter tine number of promy #C2 included in fine 1a. Enter 5-0- if not applicable Child the organization consity with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year ocvered by this return B that is a state one is reported on line 2a, did the organization file all required federal employment tax returns?  3b If we state one is reported on line 2a, did the organization file all required federal employment tax returns?  3c Dot the organization filed for the syear? If "No" to line 3b, provide an explaration in Schedule O 3b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explaration in Schedule O 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial accounts; or the financial accounts of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAT)  5b If "Yes," calter the name of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAT)  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," on the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell the organization file Form 8088 filed during the year (FYes, or the organization filed the organization file Form 808 filed fi		Check if Schedule O contains a response or note to any line in this Part V			
b. Enter the number of Forms W-26 included in line 1a. Enter e <sup>0</sup> - If not applicable of the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) within page with page and the page and the subject of the page and the page an				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to preventions with the grant of the gaming than the gaming with many than the year covered by this return.  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleel for the calendary year end in the year covered by this return.  5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 Dut the organization have unrelated business gross income of \$1,000 or more during the year?  5 Dut the organization have unrelated business gross income of \$1,000 or more during the year?  5 Dut the organization and the organization have an interest in, or a signature or other authority over, a financial account?  5 A Hain ytime 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, secunties account, or other financial accounts?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?  6 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall war receive deductible contributions under section 170(c).  8 Did the organization with the war of tax deductible as charitable contributions?  9 Was the organization that war receive deductible contributions under section 170(c).  10 Under the organization that war receive deductible contributions under section 170(c).  11 Wess. "did the organization network and the war of tax deductible and the prop				•	
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38 bl the organization have unrelated business gross moome of \$1,000 or more during the year?  39 bl if "Yes," has if titled a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule 0.  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. ►  50 If "Yes," enter the name of the foreign country. ►  51 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  52 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  54 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  55 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  56 If "Yes," indicate the number of Forms 8282 filed during the year  57 If "Yes," indicate the number of Forms 8282 filed during the year  58 Did the organization organization and such stay of the programization organization o		· · · · · · · · · · · · · · · · · · ·			
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c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization form 889 as required?  If the organization received a contribution of acrs, boats, anplanes, or other vehicles, did the organization are required?  Byponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distribution sunder section 4966?  9a Did the sponsoring organization make any taxable distribution sunder section 4966?  9b Did the sponsoring organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a Did					/
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	14a		-		
	b	ii Yes, has it filed a Form 720 to report these payments 7 if "No," provide an explanation in Schedule O .		, 990	(2016)

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins						
Section	on A. Governing Body and Management	• •	:					
	on a covering 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.							
b 2	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 any other officer, director, trustee, or key employee?	2						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/				
4 5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?							
b	one or more members of the governing body?	7a 7b		V				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
a b	The governing body?	8a 8b	7					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		V				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C						
			Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	/					
С	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	Did the organization have a written whistleblower policy?	13	~	<u> </u>				
14 15	Did the organization have a written document retention and destruction policy?	14						
a b	The organization's CEO, Executive Director, or top management official	15a 15b						
	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							
	with a taxable entity during the year?	16a						
	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						
Secti	on 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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(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 of in financial statements available to the public during the tax year.	terest	polic	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	:▶					

	(2016)	

Page 7

			3-	
G	Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, an	d
		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 noi	r any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, directoi	r, or trustee.
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(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average					than c		Reportable	Reportable	Estimated
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	related	direc	ğ	Officer	en	hes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual t	ē	- {	Key employee	ee t co		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	<b>a</b>	- 1	yee	npe				organizations
	1	66	Institutional trustee			Highest compensated employee				
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(4) Robin Hart	01	1			1	}	1	0	0	0
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(7) Kay Walker	01	/			l	}	ł	0	0	Ø
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	(A) Name and title	(B) Average hours per week list any					is both or/trust	an tee)	(D)  Reportable compensation from	(E) Reportable compensation related		Estu	(F) mated ount of ther	
		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)	organization (W-2/1099-Mi		compo froi organ	ensation the nization related	n t
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С	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c) .	VII, Section						<b>* * *</b>						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	no received m	ore than \$10	0,000 o	f		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							emp	ployee, or high	nest comper	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe )? <i>I</i>	nsatio f "Ye.	on a	and other comp complete Sch	pensation from medule J for	m the such	4		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidual	5		V
	on B. Independent Contractors										0100	200		
1	Complete this table for your five highest compensation from the organization. Rejyear.													ax
	(A) Name and business add	dress							(B) Description of s	services	С	(C) ompens		
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who		<del></del>		

Form **990** (2016)

Part	VIII	Statement of Revenue				rage 3
		Check if Schedule O contains a response or not	e to any line in this	Part VIII		П
	<del></del>	erredit it derived a destruite à response et mot	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f  Business Cod	528,279			
Program Service Revenue	2a b c d e f	Contracts General  Contracts Janitalial  Fayatta Bd of AD.  All other program service revenue.  Total. Add lines 2a-2f	125, 934 53, 644 259,832 439,410			
1	3 4 5 6a	Investment income (including dividends, interest and other similar amounts)	208			
	b c d 7a	Less rental expenses Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory Less cost or other basis				
	c d	and sales expenses  Gain or (loss)	<u> </u>			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 a  Less direct expenses b 2,156  Net income or (loss) from fundraising events				
	9a b c	Gross income from gaming activities.  See Part IV, line 19 a  Less. direct expenses b  Net income or (loss) from gaming activities I	•			
		returns and allowances . a  Less cost of goods sold . b  5,3/6  Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Coo	- 456			
	11a b c d	Fayee  Employee Transportation  Med. Chid  All other revenue	19,539 1,461 137,652 2,172			
	e 12	Total. Add lines 11a–11d  Total revenue. See instructions	160,824			

	Form 990 (2016) Page <b>10</b>								
Part	Part IX Statement of Functional Expenses								
Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete col	lumn (A)				
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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								
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	479.382	479,382						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	7536	7,536						
10	Payroll taxes .	55,238	55,238						
11	Fees for services (non-employees)								
а	Management	12,355	12,355						
b	Legal	<del></del>	· · · ·						
C	Accounting	340	340						
d	Lobbying		<del></del>		<del></del>				
e	Professional fundraising services. See Part IV, line 17				<del></del>				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	624	624		<del></del>				
13	Office expenses	6,799	6799		<del></del>				
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	6,883	6.883						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest				<del></del>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	14,432	14, 432						
23	Insurance		<del> </del>		<del></del>				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column			ì					
	(A) amount, list line 24e expenses on Schedule O.)								
a	Supplies	1,020	1,020		<del></del>				
b	Reports Activities	10,665	10,665						
c	Activit 100	3,948	3,948		<del></del>				
d	Medicaid Billing	1,600	1,600						
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1,892	1,374		<del></del>				
26	Joint costs. Complete this line only if the								
<b>-</b>	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	602,714	602,714						

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 4,755 Cash-non-interest-bearing . . 45,950 1 4893 2 578, 932 2 Savings and temporary cash investments . . . 3 3 18,415 983 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 7 Notes and loans receivable, net 1002 8 1959 Inventories for sale or use . . . 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 55.462 81,165 Less accumulated depreciation . . . 10c 10b Investments - publicly traded securities . . . . 11 11 12 12 Investments-other securities. See Part IV, line 11 . 13 Investments - program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . . 15 15 726,421 205,095 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 3490 17 17 18 18 19 19 Deferred revenue . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 19,380 32,870 8,137 25 9.781 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 108500 127,283 30 Capital stock or trust principal, or current funds . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 63,724 32 Retained earnings, endowment, accumulated income, or other funds. 32 172,224 205,095 33 33 726. 420 Total liabilities and net assets/fund balances . . . 34 Form 990 (2016)

<b></b>	$\alpha \alpha \alpha$	(2016)	

Page **12** 

Pari	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	1,12	8,3	165	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	02	714	
3	Revenue less expenses. Subtract line 2 from line 1	3	5	25,	55	L
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	72.	221	
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		18,	867	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_	. /	/ 2	·~
_	33, column (B))	10		16,	63	<b>I</b>
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>:-</u>	<del></del>	·	<del></del>	
	Accounting method used to prepare the Form 990 T Cash Accrual Other		г		Yes	No
1	Accounting method used to prepare the Form 990	doup	_	1	Ī	•
	Schedule O.	чант	<u>"-</u> -			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		ŀ	2a		
24	If "Yes," check a box below to indicate whether the financial statements for the year were comp		· }-	Za		<del></del>
	reviewed on a separate basis, consolidated basis, or both	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"			1
	Separate basis Consolidated basis Both consolidated and separate basis		1	-	.	ĺ
h	Were the organization's financial statements audited by an independent accountant?		-	2b		
Ų	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	· }-			
	separate basis, consolidated basis, or both			- 1	.	· · ]
	Separate basis Consolidated basis Both consolidated and separate basis			ł	,	- 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersig	nt [			
•	of the audit, review, or compilation of its financial statements and selection of an independent accour			2c	- 1	
	If the organization changed either its oversight process or selection process during the tax year, exp					
	Schedule O		- -		کی چین	*
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth	ın 📗			
	the Single Audit Act and OMB Circular A-1337			За		V
b						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdıts.		3b		
				Forn	990	(2016)

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

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

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► 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.

Open to Public

_	of the organization						Employer identification	
	Yette Progressive	INDUSTI	125	1 NC,		to this o	31-0898	
Par							<del></del>	ns.
1	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1							
2	<b>–</b>							
3	☐ A hospital or a cooperative ho							
4	☐ A medical research organization							iii). Enter the
	hospital's name, city, and stat		-					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)		-				al unit described in
	A federal, state, or local gover							
7	An organization that normally described in section 170(b)(1)	)(A)(vi). (Complet	e Part II)			a goveri	nmental unit or from	the general public
8	A community trust described in			- ·				
9	An agricultural research organ or university or a non-land-gra university:							
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fui it income and uni after June 30, 197	nctions—s elated bus 5 See <b>se</b>	subject to ce siness taxal <b>ction 509(</b> a	ertain exc ble incom )(2). (Cor	eptions, le (less se nplete Pa	and (2) no more thai ection 511 tax) from irt III )	า 33½% of its
11	An organization organized and		-					
12	An organization organized and							
	of one or more publicly support Check the box in lines 12a thro	ough 12d that des	cribes the	type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization.	n(s) the power to	regularly a	appoint or e	lect a ma	jority of t		
b	<ul> <li>Type II. A supporting orga control or management of organization(s). You must</li> </ul>	the supporting o	rganızatıo	n vested in	the same			
С		-				onnection	with, and functions	ally integrated with,
	its supported organization	(s) (see instructio	ns) <b>You n</b>	nust compl	ete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization ge	enerally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or							e II, Type III
f	f Enter the number of supported organizations							
g	Provide the following information	n about the supp	orted orga	anization(s)				
	(i) Name of supported organization	(II) EIN	(described	organization on lines 1-10 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)			-					
(B)								
(C)								
(D)								
(E)	<del></del>					<del></del> -		
		<del> </del>			<b> </b>	<del> </del>	<del></del>	

0-1							•
	tule A (Form 990 or 990-EZ) 2016  Support Schedule for Organiz						Page
ra	i	tations Describe her bearing	ribed in Sect	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked in Part III. If the organization fails to	to qualify and	e 5, 7, Or 8 0 er the tests li	t Part I or it tr	ie organizatio	on failed to qu	ualify under
	uon A. Public Support		er the tests if	sted below, p	nease comple	ete Part III )	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	/O Total
1	Gifts, grants, contributions, and		(3)	(0) 2011			(f) Total
	membership fees received. (Do not include any "unusual grants")	2087	1120	908	565	528279	532959
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	152,616	159,606	167,878	1102690	1041690	2624480
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,000,000	1,000,000	1,000,000	1,000,000	1000000	500000
4	Total. Add lines 1 through 3	1154703	1160,768	1,168,786	2,10 3,2 35	251.901.4	8157439
5	The portion of total contributions by each person (other than a				3, 3,5	<u> </u>	013 1437
	governmental unit or publicly	. 4				·>	
	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	1.3	_	2 Chisse 1	?. `\	,	
Sect	ion B. Total Support			1.4 × 450.7 * (*******		Ľ	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1154703	1,160,726		2,10 3,255	25/299/29	8157420
8	Gross income from interest, dividends,	'			7.0 7.33	<u> </u>	013   7 <u>3</u> 7
	payments received on securities loans,						
	rents, royalties and income from similar	110	20	.,,		2.6	
9	sources .	48	39	74	88	208	457
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or				<del></del>	<del></del>	
	loss from the sale of capital assets (Explain in Part VI)	21,444	220//	27,038	21,558	161280	24833
11	Total support. Add lines 7 through 10	4 '40. 38	5 M	1 E 7	W 12 2	`	840622
12	Gross receipts from related activities, etc					12 2416	0100
13	First five years. If the Form 990 is for the organization, check this box and stop her	ne organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor		_· <u>···</u>	<u> </u>	· · · · ·	<u> </u>	▶ [
14	Public support percentage for 2016 (line)	τ Percentage	<del>)</del>	<del> </del>			
15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch	o, column (t) div	ided by line 1	1, column (f))		14	97%
16a	331/3% support test—2016. If the organi	redule A, Part I	I, line 14			15	94 %
	331/3% support test—2016. If the organi box and stop here. The organization qual	Ifies as a nubli	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
b	331/3% support test—2015. If the organization this box and stop here. The organization	zation did not d	check a box or	n line 13 or 16a	a, and line 15 is	s 33 <sup>1</sup> /3% or m	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization".	016. If the orga	nization did no and-circumsta	ot check a box	on line 13, 16	nd etan hara	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of	tion meets the	nization did no facts-and-ci	ot check a box rcumstances"	on line 13, 16 test, check th	5a, 16b, or 17a กเร box and <b>ร</b>	a, and line

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

instructions

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

	f the organization	, ,	Employer identification number
Fay	ETTE Progressive INDUSTRI	Es	3108989 <i>584</i>
Pa		vised Funds or Other Similar Fun	
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		<u> </u>
3	Aggregate value of grants from (during year)		<del> </del>
4	Aggregate value at end of year	<del> </del>	<del>                                     </del>
5	Did the organization inform all donors and donor	r advisors in writing that the assets b	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	_	
	only for charitable purposes and not for the bene		
Dar	Conservation Easements.		· · · · · · · · · · · · · · · · · · ·
Га	Complete if the organization answered	"Vee" on Form 990 Part IV line 7	
		<del></del>	
1	Purpose(s) of conservation easements held by the		E - It late was allowed as a second as a second
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
•	Preservation of open space		an in the form of a consequent
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conservation contribution	
	•		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I	• •	
d	Number of conservation easements included in		, I
_	3		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or term	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ıı)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		
Pari			
·	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide the following amounts relat-		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art	, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·	
	Assets included in Form 990, Part X		

D	•
Page	4

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a  □ Public exhibition	Part	III Organizations Maintaining							
a	3.		accession, and c	ther reco	rds, ched	ck any of th	ne follov	ving that are a	significant use of its
b	_			4		or evebone	ao progr	romo	
c	-	<del></del>							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?     Part IV   Escrow and Custodial Arrangements.				e	L) Othe				
XII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_			and expl	ain how t	hev further	the oro	anization's exe	mot purpose in Part
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mantained as part of the organization's collection?  □ Yes □ No Part IV ■ Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  It is the organization interment in Part XIII and complete the following table:  Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  It a Beginning of year balance □ (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years	7	•	ion a concondita	and expi	2111 11OW C	ancy runtino	uic org	ariization 3 cac	inpi parpose in rait
### Sasets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	5		solicit or receive	donation	s of art	historical to	reasure	s or other simi	lar
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10.    Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part IV, line 10.	Ū								
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Complete fire organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Complete fire organization in Part XIII and complete the following table:  Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V	Part				<u>'</u>				<u> </u>
990, Part X, Ine 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance .			_	on For	m 990. I	Part IV. line	e 9. or	reported an a	mount on Form
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance		,			,		,	.,	
included on Form 990, Part X?	1a		custodian or ot	her intern	nediary fo	or contribut	tions or	other assets r	not
C Beginning balance 1 1c									
C Beginning balance 1 1c	b	If "Yes," explain the arrangement in Pa	art XIII and comp	ete the fo	llowing t	able:			
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?			<del></del>						Amount
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back losses.  Contributions (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back losses.  Contributions (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back losses.  Contributions (b) Regination of Portificial Regination (a) Regination (b) Regination (c) Reg	С	Beginning balance					1c		
f Ending balance  1 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	ď	Additions during the year					1d		
f Ending balance  1 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e		
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f	Ending balance							
Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions									
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Administrative expenses   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four yea	b		rt XIII. Check he	re if the e	xplanatio	n has been	provide	ed on Part XIII .	<u></u>
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (d) Three years back   (e) Four years   (d) Three years back   (e) Four years   (d) Three years back   (e) Four years   (e) Four	Part								
Beginning of year balance		Complete if the organization							<del>-,</del>
b Contributions c 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 .  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   % b Permanent endowment   % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment C Other  271 537 (90, 371 81, 165		<u> </u>	(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	rs back	(d) Three years bac	ck (e) Four years back
C Net investment earnings, gains, and losses	1a	Beginning of year balance				ļ			
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 15 If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describtion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land b Buildings c Leasehold improvements d Equipment C Other  271 537 [90, 371 81, 165]	b	<b>⊢</b>		<u> </u>					
d Grants or scholarships e Other expenditures for facilities and programs	C								
e Other expenditures for facilities and programs		losses							
f Administrative expenses gend of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	d	· '-		<u> </u>					
f Administrative expenses	е	,		1		1	1		
g End of year balance		programs				<b></b>			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	f	·		<u> </u>					
Board designated or quasi-endowment    b Permanent endowment    c Temporarily restricted endowment    show the percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations    (ii) related organizations    3a(i)    4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property    (a) Cost or other basis (investment)    (b) Cost or other basis (other)    (c) Accumulated depreciation    (d) Book value    (d) Book value    21 537    49,372    81,765	g			L		<u> </u>		<del></del> _	
b Permanent endowment  %  C Temporarily restricted endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	2	Provide the estimated percentage of the	ne current year e	nd baland	e (line 1g	g, column (a	i)) held a	as:	
Temporarily restricted endowment    The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations    (ii) related organizations    If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?    Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (nivestment) (other) (a) Buildings    Land     Buildings    C Leasehold improvements    G Equipment    Other    Other    The percentages on lines 2a, 2b, and 2c should equal 100%.  Yes No  (3a(i)    Yes No  (3a(ii)    Sa(iii)    Sa(iiii)    Sa(iiii)    Sa(iiii)    Sa(iiii)    Sa(iiii)    Sa(iiiiiiii)    Sa(iiii)    Sa(iiiiiiiiii)    Sa(iiiiiiiiiiiiiiiiiiii	а	Board designated or quasi-endowmen	t ▶	%					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	þ	Permanent endowment							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С			000/					
organization by:  (i) unrelated organizations	2-				zation th	at are hold	and ad	ministored for t	ho
(ii) unrelated organizations	Sa		possession or t	ne organi	Zauon un	at ale lielu	and ad	illinistered for t	
(ii) related organizations		•							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		-					• • •		
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (a) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Book value  271537  (90,371  81,165	h				-				<del></del>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  271537  (90,371  81,165	_								100
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  271537 (90,371 81,165)  e Other									· —
Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land	_			on For	m 990, I	Part IV, line	e 11a. :	See Form 990	, Part X, line 10.
1a Land		Description of property	(a) Cost or o	ther basis	(b) Cost of	or other basis	(c) /	Accumulated	(d) Book value
b Buildings			(investr	nent) 	(0	other)	de	preciation	
c Leasehold improvements	1a	Land							
d Equipment	b	•			<u> </u>				
e Other	С				-				<del></del>
	_	• •	<del></del>		171	537	190,	372	81, 165
						- (D) // 10	2- 1		0 110

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

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization  FRAMETTE PROCRESSIVE INDUSTRIES	Employer identification number 31 ~ 084 8948
INCREASE IN Capital # 18783	
UNKNOWN DISCREPANCY 84	
990-part-Xi-Line-9	
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