Department of the Treasury Internal Revenue Service

#### EXTENDED TO FEBRUARY 15, 2017

# 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 Open to Public

▶ 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.lrs.gov/form990.

Inspection

| 4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (rom Part VIII, column (C), line 12  5 Net unrelated business revenue (rom Part VIII, column (C), line 12  7 a Total unrelated business revenue (rom Part VIII, line 1th)  9 Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1th)  9 Prior Year  Current Year  10 Net revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Univestment 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 (must equal Part VIII, column (A), lines 13)  13 Grants and similar amounts pard (Part IX, column (A), lines 13)  14 Benefits pard to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), lines 25)  17 Other expenses (Part IX, column (A), lines 25)  17 Other expenses (Part IX, column (A), lines 15-10)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  19 Total fundraising expenses (Part IX, column (A), lines 25)  10 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total habitites (Part X, line 16)  22 Part II Signature Block  23 Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rive, correct, and complete, Deckapon of preparer (other than officer) is based on all information of which preparer has any knowledge.  24 IX Data assets of rund balances subtract line 21 from line 20 11 11 11 12 12 12 12 12 12 12 12 12 12   | <u>A</u>  | For th         | le 2015 calendar year, or tax year beginning $$ APR $$ 1 , $$ $$ 2 $$ 0 $$ 1 $$ $$ and ending $$ 1          | MAR 31, 2016                            |                               |
|--|-----------|----------------|---|---|-------------------------------|
| PROPERTIES CORPORATION   31-0974362  | В         | Check i        | C Name of organization  | D Employer identific                    | cation number                 |
| Dong business as Number and street (or P.0. box final is not delivered to street address)  Number and street (or P.0. box final is not delivered to street address)  Number and street (or P.0. box final is not delivered to street address)  Number and street (or P.0. box final is not delivered to street address)  Number and street (or P.0. box final is not delivered to street address)  Number and street (or P.0. box final is not delivered to street address)  Number and street (or P.0. box final is not delivered to street address)  Number of the property  |           |                | ASTIABOLA COUNTY COMMUNITY ACTION AGENCY  |   |                               |
| Same and active or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country, and ZIP of foreign postal code   Care or province, country   Yes   Xin No.   The XIII of the Care    |           | Addı<br>char   | PROPERTIES CORPORATION  | 1                                       |                               |
| Mumber and strost (or P.0. box 4 mals and selected to street address.)   Room/suits   E Telephone number   (44.0) 99.7-1.7.2.1   |           | Nam            | Doing husiness as   | d 31-0                                  | 974362                        |
| PO BOX 2610 6920 AUSTINBURG RD.   (440) 997-1721   |           | Tinitia        | ·   | <del>}</del>                            |                               |
| City or town, state or province, country, and 28 or foreign postal code    ASHTABULA, OH 44005-2610   High state and address of principal officer JUDITH BARRIS   High state and address of principal officer JUDITH BARRIS   High state accesses collected   Yes   No   |           | Final          | DO DOY 2610 6020 ATTEMENDING DO   |   |                               |
| ASHTABULA, OH 44005-2610    Register   Finance and address of principal officer JUDITH BARRIS   Kashe As C ABOVE   Ves   Mo     Tax-evering status   501(s)   X   501(s)   Z )   (insertino.)   4947(s)(1) or   527   Mo   410   Annumber of voting members of the governing significant activities. HOLDING PROPERTY AND OTHER   ASSESS FOR THE BENEFIT OF THE ASHTABULA COUNTY COMMUNITY ACTION     Tax-evering status   The continued in the continued its operations or disposed of more than 29% of its net assets   Association   The continued its operations or disposed of more than 29% of its net assets     ASHTABULA, OH 44005-2610   The continued its operations or disposed of more than 29% of its net assets     ASSETS FOR THE BENEFIT OF THE ASHTABULA COUNTY COMMUNITY ACTION     A Number of voting members of the governing body (Part VI, line 1a)   14   14     A Number of independent voting members of the governing body (Part VI, line 2a)   5   10   14   14     A Number of independent voting members of the governing body (Part VI, line 2a)   5   10   14   14   14   14   14   14   14  | _         | term           | ñ. <del> </del>   | <del></del>                             |                               |
| Name and address of pencepal officer JUDITH BARRIS   SARKE AS C ABOVE   Tax-excempt status   501(c)(3)   X  501(c)   2   4 (insert no.)   4947(a)(1) or   527   17 (b) / 4 (insert no.)   4947(a)(1) or   527   18 (b) / 4 (insert no.)   4947(a)(1) or   527   18 (insert no.)   4947(a)(1)   | _         | Ame            |   | <del></del>                             |                               |
| Name and address of principal officer of UDITAL BARTS   SAME AS C ABOVE   Tax-exempt status   501(c)(3)   \$150(c)(4)   \$2\$   (Insert no.)   4947(a)(1) or   527   H   No.* attach a lat (see instructions)   1   Websites   N / A   | 늗         |                |   | <b>→</b> ''                             |                               |
| Tax-exempt status  | L_        | ltion          | F Name and address of principal officer UUDIIA DARKIS   | 1                                       |                               |
| Westite: N / A   Rich Group exemption number   New form of organization:   X   Corporation   Trust   Association   Other     Vear of formation:   1972   M   State of legal domicals: OH   Part     Summary  |           |                |   | ⊣ ''                                    |                               |
| Part   Summary    Tender   Summary   Tender   Te |           |                |   | ₹,                                      |                               |
| Binetify desorable the organization's mission or most significant activities   HOLDING PROPERTY AND OTHER  |           |                |   |   |                               |
| Briefly describe the organization's mission or most significant activities. HOLDING PROPERTY AND OTHER ASSETS FOR THE BENEFIT OF THE ASHTABULA COUNTY COMMUNITY ACTION  2 Check this box Published of the governing body (Part VI, ine 1a)  3 Number of voting members of the governing body (Part VI, ine 1a)  4 Number of independent voting members of the governing body (Part VI, ine 1a)  5 Total number of independent voting members of the governing body (Part VI, ine 1a)  5 Total number of independent voting members of the governing body (Part VI, ine 1a)  5 Total number of individuals employed in calendar year 2015 (Part V, line 1b)  6 Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, ine) Part VIII, column (I), line 1b)  9 Program service revenue (Part VIII, ine) Program service revenue (Part VI |           |                |   | of formation: 1972 N                    | State of legal domicile: OH   |
| ASSETS FOR THE BENEFIT OF THE ASHTABULA COUNTY COMMUNITY ACTION  2 Check this box  | P         | art I          |   |   |                               |
| Total number of individuals employed in calendar year 2015 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, column (C), line 12  b Net unrelated business taxable income from Porr 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 2g)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 15)  16 Professional fundraising espenses (Part IX, column (A), line 11)  16 Total expenses (Part IX, column (A), lines 11a)  17 Other expenses (Part IX, column (A), lines 11a)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  31 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 Judit Harding Add Title Performs and this feature, 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 difficer) is based on all information of which preparer has any knowledge.  9 Printly pereparer's name  1 Printly pereparer's name  2 Printly pereparer's name  2 Printly perepar  | 0         | 1              | Briefly describe the organization's mission or most significant activities HOLDING I                        | PROPERTY AND                            | OTHER                         |
| Total number of individuals employed in calendar year 2015 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, column (C), line 12  b Net unrelated business taxable income from Porr 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 2g)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 15)  16 Professional fundraising espenses (Part IX, column (A), line 11)  16 Total expenses (Part IX, column (A), lines 11a)  17 Other expenses (Part IX, column (A), lines 11a)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  31 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 Judit Harding Add Title Performs and this feature, 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 difficer) is based on all information of which preparer has any knowledge.  9 Printly pereparer's name  1 Printly pereparer's name  2 Printly pereparer's name  2 Printly perepar  | ဋ         | }              | ASSETS FOR THE BENEFIT OF THE ASHTABULA COUNTY  | Y COMMUNITY                             | ACTION                        |
| Total number of individuals employed in calendar year 2015 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, column (C), line 12  b Net unrelated business taxable income from Porr 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 2g)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 15)  16 Professional fundraising espenses (Part IX, column (A), line 11)  16 Total expenses (Part IX, column (A), lines 11a)  17 Other expenses (Part IX, column (A), lines 11a)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  31 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 Judit Harding Add Title Performs and this feature, 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 difficer) is based on all information of which preparer has any knowledge.  9 Printly pereparer's name  1 Printly pereparer's name  2 Printly pereparer's name  2 Printly perepar  | Ĕ         | 2              | Check this box I if the organization discontinued its operations or disposed of mor                         | e than 25% of its net as                | sets                          |
| Total number of individuals employed in calendar year 2015 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, column (C), line 12  b Net unrelated business taxable income from Porr 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 2g)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 15)  16 Professional fundraising espenses (Part IX, column (A), line 11)  16 Total expenses (Part IX, column (A), lines 11a)  17 Other expenses (Part IX, column (A), lines 11a)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal-Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  31 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 JUDITH BARRIS, EXECUTIVE DIRECTOR  1 Judit Harding Add Title Performs and this feature, 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 difficer) is based on all information of which preparer has any knowledge.  9 Printly pereparer's name  1 Printly pereparer's name  2 Printly pereparer's name  2 Printly perepar  | Š         | 3              |   | 1 1                                     | 14                            |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (setimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a O. b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (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 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts pard (Part IX, column (A), line 13) 14 Benefits paal to or for members (Part IX, column (A), line 13) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 14) 16 Professional fundraising fees (Part IX, column (A), line 15) 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 Other expenses (Part IX, column (A), line 15) 19 Revenue less expenses (Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Signature Block  Professional fundraine and title  P  | Ğ         | 4              |   | F                                       | 14                            |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  O  | କ୍ଷ<br>ଜୁ | 5              |   | F1                                      |                               |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  O  | ij.       |                |   | <del></del>                             |                               |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  O  | ÷         | 7.             | •   | <b>├</b> —┤                             |                               |
| 8   8   Contributions and grants (Part VIII, line 1h)   0   0   0   0   0   0   0   0   0  | ¥         | 1              |   |   |                               |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 16a Professional fundraising efees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total septiments (Part IX, column (A), line 11e) 19 Total septiments (Part IX, column (A), line 11e) 10 total fundraising expenses (Part IX, column (A), line 11e) 10 total expenses (Part IX, column (A), line 11e) 11 Total expenses (Part IX, column (A), line 11e) 12 Total liabilities (Part X, line 16) 12 Pevenue less expenses Subtract line 18 from line 22 12 Total liabilities (Part X, line 26) 13 1, 089 1 163, 622 . 14 1, 426, 882 1 1, 412, 005 . 13 1, 089 1 163, 622 . 14 1, 295, 793 1 1, 248, 383 .  15 Part II Signature Block  15 Signature of officer  15 Signature of officer 15 Signature of officer is based on all information of which preparer has any 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.  15 Signature of officer 15 Sign |           | <del>}_°</del> | Net unrelated business taxable income from Form 990-1, line 34  |   | <del></del>                   |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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 11e) 16 Total fundraising expenses (Part IX, column (A), lines 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total sepenses (Part IX, column (A), lines 11a-11d, 11f24e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 DEC 16 2016 11 Total septiments (Part X, line 26) 11 Total septiments (Part X, line 26) 12 Net assets of fund balances Subtract line 21 from line 20 11 Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f24e) 11 Total septiments (Part X, line 16) 12 Total septiments (Part X, line 26) 13 Total septiments (Part X, line 26) 14 Total fundraising expenses (Part IX, column (A), lines 15a-11d, 11f24e) 15 Total fundraising expenses (Part IX, column (A), lines 15a-11d, 11f24e) 16 Total fundraising expenses (Part IX, column (A), lines 15a-11d, 11f24e) 18 Total fundraising expenses (Part IX, column (A), lines 15a-11d, 11f24e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total septiments (Part X, line 16) 10 Total septiments (Part X, line 16) 11 Total fundraising expenses (Part X, line 16) 11 Total fundraising expenses (Part X, line 16) 12 Total fundraising expenses (Part X, line 16) 13 Total fundraising expenses (Part IX, column (A), lines 1-a-1-a-1-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a  |           | 1              | <u></u>   |   |                               |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 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) 16 Professional fundraising fees (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total habilities (Part X, line 16) 22 Net assets of fund balances Subtract line 21 from line 20 22 Net assets 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 prepaier (other than officer) is based on all information of which preparer has any knowledge.  Primi's address 482 STATE ROAD ASHTABULA, OH 44004 Phone no.440-993-2142   | ne        | 1 .            |   | _ 1                                     |                               |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 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) 16 Professional fundraising fees (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total habilities (Part X, line 16) 22 Net assets of fund balances Subtract line 21 from line 20 22 Net assets 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 prepaier (other than officer) is based on all information of which preparer has any knowledge.  Primi's address 482 STATE ROAD ASHTABULA, OH 44004 Phone no.440-993-2142   | len       | 9              |   |   |                               |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 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) 16 Professional fundraising fees (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total habilities (Part X, line 16) 22 Net assets of fund balances Subtract line 21 from line 20 22 Net assets 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 prepaier (other than officer) is based on all information of which preparer has any knowledge.  Primi's address 482 STATE ROAD ASHTABULA, OH 44004 Phone no.440-993-2142   | Pe e      | 10             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1                                       |                               |
| 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 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 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 X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances Subtract line 21 from line 20 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances 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.  PrintType preparer's name  PrintType preparer's name  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Preparer  Firm's name  SNODGRASS OF N.E. OHIO, TNC.  Firm's address  ASHTABULA, OH 44004  Phone no. 440 – 993 – 2142   | _         | 11             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                    |   |                               |
| 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 expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11d, 11f,24e)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Net assets or fund balances Subtract line 21 from line 20  25 Net assets or fund balances Subtract line 21 from line 20  27 In the line line line line line line line lin  |           | 12             | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                          | 73,762.                                 | 57,903.                       |
| 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), lines 25) 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 X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 22 Net assets or fund balances Subtract line 21 from line 20 22 Net assets or fund balances Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total liabilities (Part X, line 26) 20 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 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 22 Net assets or fund balances Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets or fund balances Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 22 Net assets or fund balances Subtract line 21 from line 20 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total liabilities (Par |           | 13             | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                                      |                               |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  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 X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Net assets or fund balances Subtract line 21 from line 20  25 Net assets or fund balances 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  Primit Type preparer's name  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Primit name and title  Primit name SNODGRASS OF N.E. OHIO, INC.  Firm's address  4820 STATE ROAD  ASHTABULA, OH 44004  Phone no. 440 - 993 - 2142  |           | 14             | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                                      |                               |
| Total expenses (Part IX, column (A), lines 11a-11d, 111-24e)  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 X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Note assets or fund balances Subtract line 21 from line 20  25 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, Deckaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Print/Type or print name and title  Prin | S         | 15             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                           | 0.                                      | <del></del>                   |
| Total expenses (Part IX, column (A), lines 11a-11d, 111-24e)  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 X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Note assets or fund balances Subtract line 21 from line 20  25 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, Deckaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Print/Type or print name and title  Prin | nse.      | 16a            | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                                      | 0.                            |
| Total expenses (Part IX, column (A), lines 11a-11d, 111-24e)  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 X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Note assets or fund balances Subtract line 21 from line 20  25 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, Deckaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Print/Type or print name and title  Prin | be        | 1              |   | * |                               |
| 18 Total expenses Add lines 13-17 (must equal-Part X_column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total habilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  22 Net assets or fund balances Subtract line 21 from line 20  33  | ũ         | 1              |   | 80.321.                                 | 105.314.                      |
| Hevenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Net assets or fund balances Subtract line 21 from line 20  25 Net assets or fund balances Subtract line 21 from line 20  26 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 officer) is based on all information of which preparer has any knowledge.  Signature of officer  3 JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  3 JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  3 JUDITH BARRIS, EXECUTIVE DIRECTOR  Firm's name  3 SNODGRASS OF N.E. OHIO, INC.  Firm's EIN  46-3004069  Phone no. 440-993-2142  |           | l              | Total expenses Add lines 13.17 (must equal-Part IX Column:(A) line 25)                                      |   |                               |
| Beginning of Current Year End of Year 1, 426, 882. 1, 412,005. 131,089. 163,622. 1, 248,383. 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 officer) is based on all information of which preparer has any knowledge.  Signature of officer  JUDITH BARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name JEN BOGARDUS, CPA Firm's name SNODGRASS OF N.E. OHIO, INC.  Firm's address 4820 STATE ROAD ASHTABULA, OH 44004  Phone no.440 – 993 – 2142   |           | I              | Payanus long expenses Subtract line 19 from line 19   |   |                               |
| Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20   | es        |                |   | <del></del>                             | <del></del>                   |
| 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.  Signature of officer  Signature of officer  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  JEN BOGARDUS, CPA  Prim's name  SNODGRASS OF N.E. OHIO, INC.  Firm's eline ployed  Firm's address  4820 STATE ROAD  ASHTABULA, OH 44004  Phone no. 440 – 993 – 2142  | anc a     | 200            |   |   |                               |
| 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.  Signature of officer  Signature of officer  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  JEN BOGARDUS, CPA  Prim's name  SNODGRASS OF N.E. OHIO, INC.  Firm's eline ployed  Firm's address  4820 STATE ROAD  ASHTABULA, OH 44004  Phone no. 440 – 993 – 2142  | SSE       | 20             | Total assets (Part X, line 16)  |   |                               |
| 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.  Signature of officer  Signature of officer  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  JEN BOGARDUS, CPA  Prim's name  SNODGRASS OF N.E. OHIO, INC.  Firm's eline ployed  Firm's address  4820 STATE ROAD  ASHTABULA, OH 44004  Phone no. 440 – 993 – 2142  | ind/      | 21             | Total liabilities (Part X, line 26)   |   |                               |
| 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  JUDITH BARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer  JEN BOGARDUS, CPA  Prim's name  SNODGRASS OF N.E. OHIO, INC.  Firm's ell-employed  Phone no. 440 – 993 – 2142  |           |                | Net assets or fund balances Subtract line 21 from line 20   | 1,230,133.                              | 1,240,303.                    |
| Sign Here    Signature of officer   Signature of officer   Signature of officer   Signature of officer   |           | <u> </u>       | Orginature Diock  |   | <del></del>                   |
| Sign Here  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEN BOGARDUS, CPA  Preparer  Firm's name  SNODGRASS OF N.E. OHIO, INC.  Firm's address  4820 STATE ROAD  ASHTABULA, OH 44004  Phone no.440-993-2142  |           |                |   |   | / knowledge and belief, it is |
| Here  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEN BOGARDUS, CPA  Preparer  Firm's name  SNODGRASS OF N.E. OHIO, INC.  Firm's EIN  46-3004069  Phone no.440-993-2142   | true,     | corre          | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare | r has any knowledge.                    |                               |
| Here  JUDITH BARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEN BOGARDUS, CPA  Preparer  Firm's name  SNODGRASS OF N.E. OHIO, INC.  Firm's EIN  46-3004069  Phone no.440-993-2142   |           |                | holu Bally  | 12/4/                                   | 16                            |
| Print/Type preparer's name  Paid  Preparer  Preparer's signature  Preparer  Prim's name  Preparer  Prim's EIN  46-3004069  Phone no.440-993-2142   | Sıgr      | า              | i   | Date                                    |                               |
| Print/Type preparer's name  JEN BOGARDUS, CPA  Preparer  Firm's name  SNODGRASS OF N.E. OHIO, INC.  Firm's ell-employed  Firm's EIN  46-3004069  ASHTABULA, OH 44004  Phone no.440-993-2142  | Her       | e              |   |   |                               |
| Paid JEN BOGARDUS, CPA Preparer Firm's name SNODGRASS OF N.E. OHIO, INC.  Firm's address 4820 STATE ROAD ASHTABULA, OH 44004  Phone no. 440 - 993 - 2142   |           |                | Type or print name and title  |   |                               |
| Paid JEN BOGARDUS, CPA  Preparer Firm's name SNODGRASS OF N.E. OHIO, INC.  Firm's address 4820 STATE ROAD  ASHTABULA, OH 44004  Phone no. 440-993-2142   |           |                | Print/Type preparer's name Preparer's signature   | Date Check                              | PTIN                          |
| Preparer   Firm's name   SNODGRASS OF N.E. OHIO, INC.   Firm's EIN   46-3004069   Use Only   Firm's address   4820 STATE ROAD   ASHTABULA, OH 44004   Phone no.440-993-2142  | Paid      | !              |   | 11 21 16 If self-employe                | <sub>d</sub> №00627376        |
| Use Only Firm's address 4820 STATE ROAD ASHTABULA, OH 44004 Phone no.440-993-2142  | Prep      | arer           | <u> </u>  |   |                               |
| ASHTABULA, OH 44004 Phone no.440-993-2142  | -         |                |   |   |                               |
|  |           | -              |   | Phone no 44                             | 0-993-2142                    |
|  | Mav       | the II         | <del></del>   | 1. 110110 110. 3 2                      | X Yes No                      |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2015)

|     | 1 990 (2015) PROPERTIES C   |                                      | 31-                               | 09/4362 Page    |
|-----|---|--------------------------------------|-----------------------------------|-----------------|
| - 4 | rt III Statement of Program Service A   | •                                    |                                   | ٦               |
| _   | Check if Schedule O contains a response of  | r note to any line in this Part III  |                                   |                 |
|     | Briefly describe the organization's mission.  IMPROVING, MANAGING, OPER                         | NAMENC I ENCINC OF                   | O OBUDDATED ACOULD                | TNG OR          |
|     | DISPOSING OF ANY PROPERTY   | ATING, LEASING OF                    | C OTHERWISE ACQUIR                | ING OK          |
|     | DISPOSING OF ANI PROPERTY   | ., REAL OR PERSONA                   | 7D                                |                 |
|     | <del></del>   | <del></del>                          |                                   |                 |
|     | Did the organization undertake any significant pro  | ogram services during the year whi   | ch were not listed on             |                 |
|     | the prior Form 990 or 990-EZ?   |                                      |                                   | Yes X           |
|     | If "Yes," describe these new services on Schedule   | e O.                                 |                                   |                 |
|     | Did the organization cease conducting, or make s If "Yes," describe these changes on Schedule O | ignificant changes in how it condu   | cts, any program services?        | Yes X           |
|     | Describe the organization's program service acco  | mplishments for each of its three li | argest program services, as measu | red by expenses |
|     | Section 501(c)(3) and 501(c)(4) organizations are r   | required to report the amount of gr  |                                   |                 |
|     | revenue, if any, for each program service reported (Code ) (Expenses \$ 105, 3                  | 313. including grants of \$          | \ /D                              | 57,903          |
| 1   | IMPROVING, MANAGING, OPER   | ATTIC T.FACTIC OF                    | ) (Revenue \$                     |                 |
|     | DISPOSING OF ANY PROPERTY   |                                      |                                   | ING OK          |
|     | DISPOSING OF ANY PROPERTY   | ., KEAL OK PERSONA                   | <u> </u>                          |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
| _   |   |                                      |                                   |                 |
|     | (Code) (Expenses \$   | including grants of \$               | ) (Revenue \$                     |                 |
|     |   |                                      |                                   | ·               |
|     |   |                                      |                                   | <del></del>     |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
| _   |   |                                      |                                   |                 |
|     | (Code) (Expenses \$   | including grants of \$               | ) (Revenue \$                     |                 |
|     |   |                                      |                                   | <del></del>     |
|     |   |                                      |                                   | <del></del>     |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   | <del></del>     |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     | <del></del>   |                                      |                                   |                 |
|     |   |                                      |                                   |                 |
|     |   |                                      | <del></del>                       |                 |
|     | Other program services (Describe in Schedule O)   |                                      |                                   |                 |
|     | Other program services (Describe in Schedule O) (Expenses \$ including gr                       |                                      | ) (Revenue \$                     | )               |

|     |   |       | Yes        | No       |
|-----|---|-------|------------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   | _     |            | 77       |
| 2   | If "Yes," complete Schedule A   | 1     | _          | X        |
| 3   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2     |            |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3     |            | х        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |       |            |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4     |            |          |
| 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     |            | х        |
| 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     |            | Х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |       |            |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7     |            | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8     |            | Х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   | ٣     |            |          |
|     | 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   |       |            | X        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   | 9     |            |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10    |            | х        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | * * * | <b>4</b> , | , ,      |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |       |            | ,        |
|     | Part VI   | 11a   | х          |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   |       |            |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b   |            | X        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                     | 11c   |            | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |       |            |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d   |            | X        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e   | Х          |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |       |            |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f   |            | X        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a   |            | Х        |
| 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   |            | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13    |            | Х        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a   |            | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |       |            |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |       |            |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b   |            | X        |
| 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    |            | X        |
|     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |       |            | v        |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16    |            | X        |
|     | 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                                  | 17    |            | х        |
| 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    |            | X        |
|     | 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    | لبيا       | <u> </u> |
|     |   | F     | 990/       | 2015     |

Part IV Checklist of Required Schedules (continued)

|             |  |           | Yes   | No     |
|-------------|--|-----------|-------|--------|
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a       |       | X      |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b       |       |        |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |           |       |        |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21        |       | X      |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |           |       |        |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |       | X      |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |           |       |        |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           |       |        |
|             | Schedule J   | 23        |       | Х      |
| 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       |       | Х      |
| þ           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |       |        |
| С           | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |           |       |        |
|             | any tax-exempt bonds?  | 24c       |       |        |
|             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |       |        |
| 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 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                                  | _         |       | х      |
| 27          | ·  | 26        |       |        |
| 21          | 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 | 07        |       | Х      |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 27        |       |        |
|             | Instructions for applicable filing thresholds, conditions, and exceptions)   | % "<br>.: |       |        |
| а           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a       |       | х      |
|             | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b       |       | X      |
|             | 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       |       | х      |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        |       | Х      |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |           |       |        |
|             | contributions? If "Yes," complete Schedule M   | 30        |       | Х      |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?   |           |       |        |
|             | If "Yes," complete Schedule N, Part I  | 31        |       | X      |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |       |        |
|             | Schedule N, Part II  | 32        |       | X      |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |           |       |        |
|             | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |       | X      |
| 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        |       | X      |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |       | X      |
| 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       |       |        |
|             | 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        |       |        |
|             | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |       | 37     |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37        |       | X      |
|             | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | _         | J.    |        |
|             | Note. All Form 990 filers are required to complete Schedule O  | 38        | 990 ( | (0015) |
|             |  | Form      | 33U ( | ZO15)  |

| Form | ASHTABULA COUNTY COMMUNITY ACTION AGE PROPERTIES CORPORATION  | NCY<br>31-0974               | 1362                                   | <u> </u>   | age :  |
|------|---|------------------------------|--|--|--|
| Pa   |   |                              |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part V  |                              |  | <del></del>                                      | <u> </u>   |
|      |   |                              | \F                                     | Yes  | No   |
| 1a   | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a (                         |  | ` "  | * *  |
| b    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable                                      | 1b (                         | 4.35                                   | * *  |  |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and rules.             | eportable gaming             | 1000                                   | * Yeur   | - ·  |
|      | (gambling) winnings to prize winners?   |                              | 1c                                     | 100 1  | <del>  -</del> -                                 |
| 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 covered by this return                                   | 2a (                         | 4 : 1                                  | S., s  | **   |
| þ    | If at least one is reported on line 2a, did the organization file all required federal employment tax retuined      | ns <sup>?</sup>              | 2b                                     | <u> </u>   | <u> </u>   |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions            | 5)                           |  | 1.78   |  |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |                              | 3a                                     |  | X  |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule          | 0                            | 3b                                     | L  |  |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other             | authority over, a            |  | ŀ  |  |
|      | financial account in a foreign country (such as a bank account, securities account, or other financial              | account)?                    | 4a                                     | L  | X  |
| b    | If "Yes," enter the name of the foreign country   |                              | **                                     | )  | ٠٠   |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A                | ccounts (FBAR)               | *,                                     | 8y   | 1  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |                              | 5a                                     |  | X  |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa          | ction?                       | 5b                                     | Γ  | X  |
| С    | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |                              | 5c                                     | I  |  |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the              | ne organization solicit      |  |  |  |
|      | any contributions that were not tax deductible as charitable contributions?   | J                            | 6a                                     | 1  | X  |
| ь    | If "Yes," did the organization include with every solicitation an express statement that such contribut             | ions or aifts                |  |  |  |
|      | were not tax deductible?  | G. G                         | 6b                                     |  |  |
| 7    | Organizations that may receive deductible contributions under section 170(c).                                       |                              | 3,                                     |  |  |
| a    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei | vices provided to the payor? | 7a                                     | ` ` *  | l x  |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                     | Those promose to the payer   | 7b                                     | <del>                                     </del> | <del>                                     </del> |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w              | ac required                  |  | <del>                                     </del> | 1  |
| ·    | to file Form 8282?  | as required                  | 7c                                     | }  | x  |
| а    | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                           | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | <b>%</b>   | 1  |
|      | • •   |                              |  | 1 '-   | 1 ' 1  |
| e    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of            |                              | 7e 7f                                  | ╁─╴  | ┢╌   |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri           |                              | _                                      | <del> </del>                                     | ┝  |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Fo        | •                            | 7g                                     | ├  | ┢  |
| _    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization      |                              | 7h                                     | 4.   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\           |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                       | by the                       | . \$5                                  | X.v.2  |  |
| _    | sponsoring organization have excess business holdings at any time during the year?                                  |                              | 8                                      | 7.0  | ├  |
| 9    | Sponsoring organizations maintaining donor advised funds.   |                              |  | <u> </u>   | 1  |
| _    | Did the sponsoring organization make any taxable distributions under section 4966?                                  |                              | 9a                                     | <del> </del>                                     | ├  |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                   |                              | 9b                                     | <del>  _</del> _                                 | -  |
| 10   | Section 501(c)(7) organizations. Enter.   | 1 1                          | 1                                      | . 47   |  |
|      | Initiation fees and capital contributions included on Part VIII, line 12  | 10a                          | - [ ]                                  | 1 2  | ×.   |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                         | 10b                          | - I                                    | 1,   | y" 5   |
| 11   | Section 501(c)(12) organizations. Enter   |                              |  | 18   |  |
| а    | Gross income from members or shareholders   | 11a                          | <b>]</b> * * * * *                     | 3  | 7  |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against                            |                              | , ×                                    | *.   | ×  |
|      | amounts due or received from them )   | 116                          | J                                      |  | *  |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                | 1041?                        | 12a                                    | <u> </u>   | 1  |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b                          | J. Vá                                  | , i  | ٠,   |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                              | .a `\.}                                | 1 1  | 2.   |
| а    | Is the organization licensed to issue qualified health plans in more than one state?                                |                              | 13a                                    | L  | <u> </u>   |
|      | Note. See the instructions for additional information the organization must report on Schedule O                    |                              | ****                                   | 1  |  |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the                    |                              | 1, ,                                   | 1  |  |

532005 12-16-15

Form **990** (2015)

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

Form 990 (2015) PROPERTIES CORPORATION 31-0974362 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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  |   |  | X               |  |  |  |  |
|------|--|---|--|-----------------|--|--|--|--|
| Sec  | tion 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 14   |   |  | * }             |  |  |  |  |
|      | If there are material differences in voting rights among members of the governing body, or if the governing  |   | 3                                      |                 |  |  |  |  |
|      | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  | 3,2                                     | ************************************** | 4,000           |  |  |  |  |
| b    | Enter the number of voting members included in line 1a, above, who are independent 1b 14   |   | *                                      | *               |  |  |  |  |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |   | ١.,١                                   | ~ .             |  |  |  |  |
|      | officer, director, trustee, or key employee?   | 2                                       |  | <u>X</u>        |  |  |  |  |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision  | 1 1                                     |  |                 |  |  |  |  |
|      | of officers, directors, or trustees, or key employees to a management company or other person?   | 3_                                      |  | <u>X</u>        |  |  |  |  |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4                                       |  | X               |  |  |  |  |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5                                       |  | <u>X</u> _      |  |  |  |  |
| 6    | Did the organization have members or stockholders?   | 6_                                      |  | _X              |  |  |  |  |
| 7a   | • • • • • • • • • • • • • • • • • • •  | (                                       |  |                 |  |  |  |  |
| _    | more members of the governing body?  | 7a                                      |  | <u> </u>        |  |  |  |  |
| p    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 1                                       |  | 37              |  |  |  |  |
| _    | persons other than the governing body?   | 7b                                      |  | <u>X</u>        |  |  |  |  |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | , , , , , , , , , , , , , , , , , , ,   | Ϋ́,                                    | 1               |  |  |  |  |
|      | The governing body?  | 8a                                      | X                                      |                 |  |  |  |  |
|      | Each committee with authority to act on behalf of the governing body?  | 8b_                                     | Δ_                                     |                 |  |  |  |  |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |   |  | v               |  |  |  |  |
| 200  | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9                                       |  | X               |  |  |  |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  |   |  | <del></del> -   |  |  |  |  |
| 100  | Did the experience have level shorters because or efficience?  | 10-                                     | Yes                                    | No<br>X         |  |  |  |  |
|      | Did the organization have local chapters, branches, or affiliates?   | 10a                                     |  |                 |  |  |  |  |
| D    | 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                                     |  |                 |  |  |  |  |
| 112  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a                                     | X                                      |                 |  |  |  |  |
|      |  | i la                                    |  | *,              |  |  |  |  |
|      | <ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> <li>12a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>    |   |  |                 |  |  |  |  |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12a<br>12b                              | X                                      |                 |  |  |  |  |
|      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |   |  |                 |  |  |  |  |
|      | in Schedule O how this was done  | 12c                                     |  | X               |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?  | 13                                      | Х                                      |                 |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?   | 14                                      |  | X               |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent   | × * * * * * * * * * * * * * * * * * * * | , f «                                  | <del></del>     |  |  |  |  |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | , " ",",                                | , ,                                    | *,              |  |  |  |  |
| а    | The organization's CEO, Executive Director, or top management official   | 15a                                     | ^                                      | X               |  |  |  |  |
|      | Other officers or key employees of the organization  | 15b                                     |  | X               |  |  |  |  |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |   | ٠,٠                                    | 13              |  |  |  |  |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | . 3                                     |  | X               |  |  |  |  |
|      | taxable entity during the year?  | 16a                                     |  |                 |  |  |  |  |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | * * * *                                 | , Y .                                  | 3 <sup>80</sup> |  |  |  |  |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | . S                                     |  | <u> </u>        |  |  |  |  |
|      | exempt status with respect to such arrangements?   | 16b                                     |  |                 |  |  |  |  |
| Sec. | tion C. Disclosure   |   |  |                 |  |  |  |  |
| 17   | List the states with which a copy of this Form 990 is required to be filed ▶OH   |   |  |                 |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a   | ıvaılab                                 | le                                     |                 |  |  |  |  |
|      | for public inspection. Indicate how you made these available Check all that apply.   |   |  |                 |  |  |  |  |
|      | Own website Another's website W 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  | i finan                                 | cıal                                   |                 |  |  |  |  |
|      | 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.  |   |  |                 |  |  |  |  |
|      | STEVE CERVAS - (440) 997-1721  |   |  | <del></del>     |  |  |  |  |
|      | 6920 AUSTINBURG ROAD, ASHTABULA, OH 44004  | r                                       | 000                                    | (2015)          |  |  |  |  |
| NAME | 12.16-15   | rarm                                    |  |                 |  |  |  |  |

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

| X Check this box if neither the organization (A) | (B)                    | Ĭ                             |                        |         | <del></del>                |                                 |        | (D)  | (E)             | (F)                      |  |
|--|------------------------|-------------------------------|------------------------|---------|----------------------------|---------------------------------|--------|--|-----------------|--------------------------|--|
| Name and Title                                   | Average                | (40                           | not o                  | Pos     | Position eck more than one |                                 |        | Reportable                                     | Reportable      | Estimated                |  |
|  | hours per              | box                           | , unle                 | ss pe   | rson                       | s bot                           | h an   | compensation                                   | compensation    | amount of                |  |
|  | week                   | <u> </u>                      | officer and a director |         |                            | xr/trus                         | tee)   | from   | from related    | other                    |  |
|  | (list any<br>hours for | recto                         |                        |         |                            |                                 |        | the  | organizations   | compensation             |  |
|  | related                | e or d                        | eg.                    |         |                            | sated                           |        | organization<br>(W-2/1099-MISC)                | (W-2/1099-MISC) | from the<br>organization |  |
|  | organizations          | truste                        | al frui                |         | ae<br>Jee                  | шреп                            |        | (** 27 1033 ********************************** |                 | and related              |  |
|  | below                  | ndividual trustee or director | nstitutional trustee   | la e    | Key employee               | est co<br>loyee                 | J9L    |  |                 | organizations            |  |
|  | line)                  | 盲                             | ınstı                  | Officer | Key                        | Highest compensated<br>employee | Former |  |                 |                          |  |
| (1) JUDITH BARRIS                                | 2.00                   |                               |                        |         |                            |                                 |        | ļ  |                 |                          |  |
| EXECUTIVE DIRECTOR                               |                        | X                             | <u> </u>               |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (2) SHERRY DETRICK                               | 2.00                   |                               |                        |         |                            |                                 |        |  |                 |                          |  |
| CHAIRPERSON                                      |                        | Х                             | L_                     | X       |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (3) MARY KAY GERSIN                              | 2.00                   |                               |                        |         |                            |                                 |        | _  | _               | _                        |  |
| VICE-CHAIR                                       |                        | Х                             |                        | Х       |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (4) JIM RUTH                                     | 2.00                   |                               |                        |         |                            |                                 |        |  |                 | _                        |  |
| TREASURER  |                        | X                             |                        | X       |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (5) LORI RILEY                                   | 2.00                   |                               |                        |         |                            |                                 |        |  |                 |                          |  |
| SECRETARY  |                        | Х                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (6) ALICE HARDEN TRUSTEE                         | 2.00                   | ,,                            |                        |         |                            |                                 |        |  |                 |                          |  |
|  | 2 00                   | Х                             | ļ                      |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (7) AMANDA DOLAN<br>TRUSTEE                      | 2.00                   | ,,                            |                        |         |                            |                                 |        |  |                 | _                        |  |
|  | 2 00                   | Х                             |                        |         |                            | _                               |        | 0.   | 0.              | 0.                       |  |
| (8) LORI PAWLOWSKI<br>TRUSTEE                    | 2.00                   | <b>.</b>                      |                        |         |                            |                                 |        |  |                 | _                        |  |
| (9) DONALD BALLARD                               | 2.00                   | Х                             | _                      |         |                            | _                               |        | 0.   | 0.              | 0.                       |  |
| TRUSTEE  | 2.00                   | х                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (10) PAUL BOLINO                                 | 2.00                   | ^                             |                        |         |                            |                                 |        | 0.   | 0.              |                          |  |
| TRUSTEE  | 2.00                   | х                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (11) THERESA CURTIS                              | 2.00                   | _                             |                        |         |                            |                                 |        |  | 0.              |                          |  |
| TRUSTEE  | 2.00                   | х                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (12) ROBERT HEGFIELD                             | 2.00                   | -                             |                        |         |                            |                                 |        |  |                 |                          |  |
| TRUSTEE  | 2.00                   | x                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (13) JANIS DORSTEN                               | 2.00                   |                               |                        |         |                            | -                               |        |  |                 |                          |  |
| TRUSTEE  | 2.00                   | х                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (14) PASTOR SHIRLEY SING                         | 2.00                   | =                             |                        |         |                            |                                 |        |  |                 |                          |  |
| TRUSTEE  | 1000                   | х                             |                        |         |                            |                                 |        | 0.   | 0.              | 0.                       |  |
| (15) DAVID SPELLMAN                              | 2.00                   |                               | -                      |         |                            |                                 |        |  |                 |                          |  |
| TRUSTEE  |                        | Х                             |                        |         |                            |                                 |        | ٥.   | 0.              | 0.                       |  |
|  |                        |                               |                        |         |                            | П                               |        |  |                 |                          |  |
|  |                        |                               |                        |         |                            |                                 |        |  |                 |                          |  |
|  |                        |                               |                        |         |                            |                                 |        |  |                 | -                        |  |
|  |                        |                               |                        |         |                            |                                 |        |  |                 |                          |  |

532007 12-16-15

| Form | 990 | (201 | 5 |
|------|-----|------|---|
|      |     | _    | _ |

|  | • •  | (B)  |   |   | (C  | >)                                      |                              | Į           | (D)  | (E)   |             | (F)               |                |
|--|--|--|---|---|---|---|------------------------------|-------------|--|---|-------------|-------------------|----------------|
|  | Name and title   | Average  | (de   |   |   | tion                                    | than or                      | , i         | Reportable   | Reportable  |             | Estimate          |                |
|  |  | hours per  | box   | , unles   | ss pe   | son is                                  | s both                       | an 🕽        | compensation   | compensation  | Ì           | amount            | of             |
|  |  | week   | ⊢   |   |   | Toctor                                  | 78 0516                      |             | from   | from related  |             | other             |                |
|  |  | (list any<br>hours for   | recto   |   |   | ļ                                       |                              |             | the  | organizations<br>(W-2/1099-MISC)  |             | mpensa<br>from th |                |
|  |  | related  | 9 or d  | <u>8</u>  |   |   | sate                         |             | organization<br>(W-2/1099-MISC)  | (44-2/1099-141130)  |             | organizat         |                |
|  |  | organizations  | ruste   | l trus  |   | g                                       | ngu l                        |             | (***2/1099****100)   |   |             | and relat         |                |
|  |  | below  | dualt   | itiona  | _   | old .                                   | st co                        | <u>.</u>    |  |   |             | rganızatı         |                |
|  |  | line)  | Individual trustee or director                  | institutional trustee                             | Officer   | Кеу етрюуее                             | Highest compensated employee | Former      |  |   |             | _                 |                |
|  |  |  |   | П   |   |   |                              |             |  |   |             |                   |                |
|  |  |  |   |   |   |   |                              |             | _  |   |             |                   |                |
|  | <u> </u>   |  |   |   |   |   |                              |             |  |   |             |                   |                |
|  |  |  |   | Ш   |   |   |                              |             |  |   | _           |                   |                |
|  |  |  | 1   |   |   |   | - {                          |             |  |   | 1           |                   |                |
|  |  |  |   |   |   |   | _                            |             |  |   |             |                   |                |
|  |  |  |   |   |   |   |                              | i           |  |   |             |                   |                |
| <del></del>  |  |  | <u> </u>  |   |   |   |                              |             |  |   |             |                   |                |
|  |  |  |   |   |   |   |                              |             |  |   |             |                   |                |
|  |  |  | _   | L   |   |   |                              |             |  |   | +           |                   |                |
|  |  |  |   |   |   |   |                              |             |  |   | 1           |                   |                |
|  | <del></del>  |  | _   | -   |   |   | $\dashv$                     |             |  |   |             | _                 |                |
|  |  |  |   |   |   |   |                              |             |  |   |             |                   |                |
|  |  |  | -   | -   |   |   | -                            |             |  |   | _           |                   |                |
|  |  |  | ł   |   |   |   |                              |             |  |   |             |                   |                |
|  | <del></del>  | <del> </del>   | -   | $\vdash$  | <u> </u>  | $\vdash$                                | +                            |             |  |   | -           |                   |                |
|  |  |  |   |   |   |   |                              |             |  |   |             |                   |                |
| Sub-total  |  |  | <u> </u>  | Ц   | <u> </u>  |   |                              | _           | 0.   | <del>                                     </del>  | -           |                   | 0              |
|  | continuation chaots to Daniel  | VIII Continu A   |   |   |   |   |                              |             | 0.   |   |             |                   | <del>-</del> 0 |
| ∍ iotal from   | continuation sheets to Part  | VII. JUCTON A  |   |   |   |   |                              | _           |  |   |             |                   |                |
|  |  | ,  |   |   |   |   |                              |             |  |   |             |                   | -0             |
| d Total (add   | lines 1b and 1c)   |  | iose  | list <i>e</i>                                     | ed al   | ove                                     | ) wh                         | ▶ n re      | 0.   | (   | •           |                   | 0              |
| Total (add   | lines 1b and 1c)<br>er of individuals (including but   |  | ose   | liste   | ed at   | oove                                    | e) who                       | o re        | 0.   | (   |             |                   | 0              |
| Total (add   | lines 1b and 1c)   |  | iose  | liste   | ed al   | oove                                    | e) who                       | o re        | 0.   | (   |             | Yes               |                |
| Total (add<br>Total numb<br>compensati   | lines 1b and 1c)<br>er of individuals (including but   | not limited to th  |   |   |   |   |                              |             | 0 -<br>eceived more than \$100   | 0,000 of reportable   |             | Yes               |                |
| Total (add total number compensation)  Did the organization  | Innes 1b and 1c) er of individuals (including but ion from the organization  | not limited to th  |   |   |   |   |                              |             | 0 -<br>eceived more than \$100   | 0,000 of reportable   |             | 11                | No             |
| Total (add ) Total numbicompensation Did the orgaline 1a? If "   | lines 1b and 1c) er of individuals (including but ion from the organization  anization list any former office  | not limited to the r, director, or the such individual   | uste  | e, ke   | y en  | nploy                                   | yee,                         | or t        | 0 • eceived more than \$100 enighest compensated e   | 0,000 of reportable<br>mployee on   |             |                   |                |
| Total (add ) Total numbicompensation  Did the orgaline 1a? If ""  For any indirections of the control of the co | lines 1b and 1c) er of individuals (including but ion from the organization  anization list any former office Yes, "complete Schedule J for  | not limited to the r, director, or trusuch individual sum of reportab  | uste  | e, ke   | ey en   | nploy                                   | yee,                         | or h        | 0 • eceived more than \$100 nighest compensated e  | 0,000 of reportable<br>mployee on   | 3           | <b>1</b>          | No<br>X        |
| Total (add total number compensation of the organized line 1a? If "For any indicated and related total | er of individuals (including but ion from the organization anization list any former office Yes," complete Schedule J for ividual listed on line 1a, is the  | r, director, or trusuch individual sum of reportab 50,000? If "Yes,  | uste  | e, ke<br>ompe                                     | ey en<br>ensa<br>ete S                                  | nploy<br>ition<br>Sche                  | yee,<br>and                  | or h<br>oth | 0 • eceived more than \$100 nighest compensated e  | 0,000 of reportable mployee on the organization   | 3           | 1                 | No<br>X        |
| Total (add total number compensation of the organism of the large of t | er of individuals (including but ion from the organization anization list any former office Yes, " complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1  | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue competitions to the sum of the sum | uste<br>le co<br>" co<br>nsat                   | e, ke<br>ompe<br>imple                            | ey en<br>ensa<br>ete S                                  | nploy<br>ation<br>Schell                | yee,<br>and<br>dule<br>unre  | or h<br>oth | 0 • eceived more than \$100 nighest compensated e  | 0,000 of reportable mployee on the organization   | 3           |                   | No<br>X        |
| Total (add ) Total number compensation  Did the orgaline 1a? If "  For any indicand related Did any per rendered to  | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive or  | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue competitions to the sum of the sum | uste<br>le co<br>" co<br>nsat                   | e, ke<br>ompe<br>imple                            | ey en<br>ensa<br>ete S                                  | nploy<br>ation<br>Schell                | yee,<br>and<br>dule<br>unre  | or h<br>oth | 0 • eceived more than \$100 nighest compensated e  | 0,000 of reportable mployee on the organization   | 3           |                   | No<br>X        |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization  anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive out the organization? If "Yes," co   | r, director, or trusuch individual sum of reportab 50,000? If "Yes, accrue compermplete Schedul  | le co<br>" co<br>nsat                           | e, ke<br>ompe<br>mple<br>ion f                    | ey ensa<br>ensa<br>ete S<br>from<br>uch                 | nploy<br>ation<br>Sched<br>any<br>perso | yee,<br>and<br>dule<br>unre  | or h        | o eceived more than \$100 enighest compensated ener compensation from for such individual ed organization or individual  | 0,000 of reportable mployee on the organization idual for services                          | 3           | 2 %               | No             |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive or the organization? If "Yes," copendent Contractors  | r, director, or trusuch individual sum of reportab 50,000? If "Yes, accrue compermiplete Schedul compensated incompensated incom | le consat                                       | e, ke<br>ompe<br>implé<br>ion f<br>for su         | ensa<br>ete S<br>from<br>uch                            | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | o eceived more than \$100 enighest compensation from for such individual ed organization or individual hat received more than  | mployee on the organization idual for services \$100,000 of compe                           | 3           | on from           | No<br>X        |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | Nc<br>X<br>X   |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization is any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive on the organization? If "Yes," concendent Contractors his table for your five highest cation Report compensation for                                    | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su         | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | o eceived more than \$100 anighest compensation from for such individual ed organization or individual that received more than in the organization's tax   | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | No.            |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | Nc<br>X<br>X   |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | r, director, or trusuch individual sum of reportab 50,000? If "Yes, raccrue compermiplete Schedul compensated increthe calendar y  | uster<br>le co<br>" co<br>nsat<br>e J t<br>depe | e, ke<br>ompe<br>implé<br>ion f<br>for su<br>ende | enseenseete Stromuch                                    | nploy<br>ation<br>Schedany<br>perso     | yee, and edule unre          | or h        | eceived more than \$100 mighest compensation from for such individual ed organization or individual hat received more than the organization's tax (B)  | mployee on the organization idual for services \$100,000 of compa                           | 3<br>4<br>5 | on from           | X              |
| Total (add<br>Total number<br>compensations)  Did the orga-<br>line 1a? If ""  For any indi-<br>and related Did any pen-<br>rendered to  cition B. Indep  Complete the the organizations   | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive on the organization? If "Yes," copendent Contractors his table for your five highest cation. Report compensation for (A)  Name and business | r, director, or trusuch individual sum of reportab 50,000? If "Yes, accrue compermiplete Schedul compensated increthe calendar yes address   | le consatte deponent NO                         | e, ke   | ensage S<br>from uch juch juch juch juch juch juch juch | nploy attion Sche any perso ontra       | yee, and dule unre           | or h        | eceived more than \$100 Inighest compensated enter compensation from for such individual enter ed organization or individual that received more than in the organization's tax  (B) Description of s | (0,000 of reportable mployee on the organization idual for services \$100,000 of compeyear. | 3<br>4<br>5 | on from           | X              |
| Did the orgaline 1a? If "For any indicand related Did any per rendered to ction B. Indep Complete the organization of the orga | er of individuals (including but ion from the organization anization list any former office Yes, "complete Schedule J for ividual listed on line 1a, is the organizations greater than \$1 son listed on line 1a receive of the organization? If "Yes," copendent Contractors his table for your five highest cation Report compensation for (A)                     | not limited to the r, director, or trusuch individual sum of reportability of "Yes, raccrue compensated incompensated incompensa | le consatte deponent NO                         | e, ke   | ensage S<br>from uch juch juch juch juch juch juch juch | nploy attion Sche any perso ontra       | yee, and dule unre           | or h        | eceived more than \$100 Inighest compensated enter compensation from for such individual enter ed organization or individual that received more than in the organization's tax  (B) Description of s | (0,000 of reportable mployee on the organization idual for services \$100,000 of compeyear. | 3<br>4<br>5 | on from           | Nc<br>X<br>X   |

Page 9

| Securities   Sec   |   | Check if Schedule O cont                | tains a response  | or note to any l | ine in this Part VIII                   |   |   |  |
|--|---|---|-------------------|------------------|---|---|---|--|
|  | , <u>, , , , , , , , , , , , , , , , , , </u> |   |                   |                  | (A)                                     | exempt function                         | Unrelated business                      | Revenue excluded from tax under sections 512 - 514 |
|  | [발문] 1 a                                      | Federated campaigns                     | 1a                |                  |   | 1 2 " ' * * * ' '                       | , s, š; ş                               |  |
|  | P S S   | Membership dues                         | 1b                |                  | ], '' - ', ', ',                        | Miles Miles                             | 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | **** Y   |
|  | D An  | Fundraising events                      | 1c                |                  | ]                                       |   |   | A  |
|  | 등 jai   | Related organizations                   | 1d                |                  |   |   |   |  |
| Business Code    Summer  | s E   | Government grants (contribut            | ions) 1e          |                  |   | 1                                       |   | * * * * * * * * * * * * * * * * * * *              |
| Business Code    Summer  | 를 <mark>하</mark> f                            | All other contributions, gifts, gran    | ts, and           |                  | ],``^\^,,,,,\\\^                        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |   |  |
| Business Code    Summer  | 혈美  | similar amounts not included above      | ve <b>1f</b>      |                  |   |   | ** \$                                   |  |
| Business Code    Summer  | 토함 g  | Noncash contributions included in lines | 1a-1f \$          |                  |   |   |   |  |
| 2 2 a b c d d d g Total. Add lines 2a 2f   | <u>n   p C</u>                                | Total. Add lines 1a-1f                  |                   |                  |   |   | ***                                     |  |
| 2 2 a b c d d d g Total. Add lines 2a 2f   |   |   |                   | Business Code    | 9 (, '*,; , '                           | **                                      | \$ \$ 1,00 A \$ 4,000                   | ******   |
| g Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross accome from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  | <u>ဗ</u> 2 a                                  |   |                   |                  |   |   |   |  |
| g Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross accome from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  | e le e  |   |                   |                  |   |   |   |  |
| g Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross accome from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  | 2 E C   |   |                   |                  |   |   |   |  |
| g Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross accome from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  | के <u>ब</u> ि                                 |   | ·                 |                  |   |   |   |  |
| g Total. Add lines 2a:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) c Rental income or (loss) 7 a Gross amount from sales of or contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross aroome from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  | <u>ĕ</u>   e                                  |   |                   |                  |   |   |   |  |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental encome or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) e Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   | '   |   | enue              |                  |   |   |   |  |
| other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 5 7, 903 .  b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  | 9_  | Total. Add lines 2a-2f                  |                   | <u> </u>         |   | * * * * * * * * * * * * * * * * * * *   | * * * * * * * * * * * * * * * * * * *   | `  |
| A   Income from investment of tax-exempt bond proceeds   Noyatties   Noyatties   | I   |   | dividends, intere | est, and         |   |   |   |  |
| For South So |   | •                                       |                   | <b>•</b>         |   |   |   |  |
| (i) Real   |   |   | x-exempt bond p   | roceeds          |   |   |   |  |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   | 5   | Royalties                               |                   | <b></b>          |   |   |   |  |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |   |   | (ı) Real          | (II) Personal    | l                                       |   |   | , 1  |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  |   |   |                   |                  |   | ***********                             |   | * * * * * * * * * * * * * * * * * * *              |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |   | · ·                                     |                   |                  |   |   |   |  |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$   |   |   | 57,903.           |                  |   |   |   |  |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$  |   | · · · · · · · · · · · · · · · · · · ·   | <del></del>       |                  | 57,903.                                 | 57,903.                                 |   |  |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |   |   | (i) Securities    | (II) Other       |   |   | *                                       | 7 7 1  |
| and sales expenses  c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  | 1   | • 1                                     |                   |                  |   |   | * · · · · · · · · · · · · · · · · · · · |  |
| The state of the s | 1   |   |                   |                  | , , , , , , , , , , , , , , , , , , ,   |   |   |  |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   | 1   | · ·                                     |                   |                  |   | 1 - 3 3                                 |   |  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  | 1   | · · · · · · · · · · · · · · · · · · ·   |                   |                  |   |   | ```````                                 | . I bacai  |
| including \$ of contributions reported on line 1c) See Part IV, line 18  |   | • ,                                     | ı                 |                  |   |   |   |  |
| contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   | g   Ba  |   | ·                 |                  |   |   |   |  |
| Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |   |   |                   |                  |   |   |   |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  | æ   |   | 1c) See           |                  | 13° ° 16° 6°                            |   |   |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  | 흩 ' '   |   | - t               |                  |   |   |   |  |
| 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |   |   |                   |                  |   |   |   | S  |
| Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code   |   |   |                   |                  |   | ( )                                     | · · · · · · · · · · · · · · · · · · ·   |  |
| b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b  |   |   |                   |                  |   |   |   |  |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b  |   |   | r                 | <del> </del>     |   |   | × × × ×                                 |  |
| 10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b   |   |   |                   |                  |   | - \$\\\ \\                              |   |  |
| and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b   |   |   |                   |                  | * · • · · · · · · · · · · · · · · · · · | \ X.4.2                                 | 7.8.2. , , , , , , 7.3                  | * ** **  |
| b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b   |   |   | 1                 |                  |   |   |   |  |
| C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  |   |   | F                 | <del></del>      |   |   | . (*)                                   |  |
| Miscellaneous Revenue Business Code  11 a  b   |   |   | ·- L              |                  |   |   | so as secretaries that it is            | 4 - L  |
| 11 a   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \         |   |                   | Puninana Casta   | · · · · · · · · · · · · · · · · · · ·   |   | , , , × × ·                             | ₹ \$<&x < v.′                                      |
| b  | 11 a  | Wiscellaneous Neveriue                  | <u> </u>          | Business Code    |   |   | .5                                      |  |
|  | <del>-</del>                                  | <del></del>                             | <del></del> }     |                  |   |   |   |  |
|  | ° -   |   | <del></del> }     |                  |   | <del></del>                             |   | <del></del>  |
| d All other revenue  | -   | All other revenue                       | <del></del>       | _                |   |   |   | <u> </u>   |
| Table Addition of the Control of the |   |   | L                 |                  |   | ,                                       | * * * *                                 | *  |
| 12 Total revenue. See instructions. 57,903. 57,903. 0.   |   |   |                   |                  | 57 903                                  |   | ′ .                                     | 0.   |
|  |   |   |                   |                  | 3,,,,,,,,                               | _ 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u>                                | Form <b>990</b> (2015)                             |

# Form 990 (2015) PROPERTIES CO. Part IX | Statement of Functional Expenses

| Seci            | rion 501(c)(3) and 501(c)(4) organizations must com   |  |                              | complete column (A)                              |  |
|-----------------|---|--|------------------------------|--|--|
|                 | Check if Schedule O contains a respon   | nse or note to any line in               |                              | 10)  | (D)                                      |
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses                           | (B) Program service expenses | (C) Management and general expenses              | <b>(D)</b><br>Fundraising<br>expenses    |
| 1               | Grants and other assistance to domestic organizations   |  |                              |  |  |
|                 | and domestic governments. See Part IV, line 21  |  |                              |  | 19 57 5 38 3 5 T 5                       |
| 2               | Grants and other assistance to domestic   |  |                              | IN 'in the                                       |  |
|                 | ındıvıduals See Part IV, line 22  |  |                              | 3 3 3  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| 3               | Grants and other assistance to foreign  |  |                              |  |  |
|                 | organizations, foreign governments, and foreign   |  |                              |  |  |
|                 | individuals See Part IV, lines 15 and 16  | <del></del>                              |                              |  |  |
| 4               | Benefits paid to or for members   |  |                              | (,, *, ·, \/                                     |  |
| 5               | Compensation of current officers, directors,  |  |                              |  |  |
|                 | trustees, and key employees   |  |                              | <u> </u>   |  |
| 6               | Compensation not included above, to disqualified  |  |                              |  |  |
|                 | persons (as defined under section 4958(f)(1)) and   |  |                              |  |  |
|                 | persons described in section 4958(c)(3)(B)  |  |                              | <u> </u>   |  |
| 7               | Other salaries and wages  | <u> </u>                                 | <u> </u>                     | ļ  |  |
| 8               | Pension plan accruals and contributions (include  | II                                       |                              |  |  |
|                 | section 401(k) and 403(b) employer contributions)   |  | <u> </u>                     | <u> </u>   | <del></del>                              |
| 9               | Other employee benefits   | <u> </u>                                 |                              | ļ  | <del></del>                              |
| 10              | Payroll taxes   |  | <u> </u>                     |  |  |
| 11              | Fees for services (non-employees)   |  |                              |  |  |
| a               | Management  |  |                              | ļ  |  |
| b               | Legal   |  |                              | <del> </del>                                     |  |
| C               | Accounting  |  | <del></del>                  |  |  |
| d               | , 3   | - · · · -                                |                              | ***  |  |
| e               | Professional fundraising services. See Part IV, line 17   |  |                              | *  | <del></del>                              |
| f               | Investment management fees Other (If line 11g amount exceeds 10% of line 25,  |  |                              | <del></del>                                      |  |
| g               | column (A) amount, list line 11g expenses on Sch 0.)  |  |                              |  |  |
| 12              | Advertising and promotion   | <del></del>                              |                              | <del> </del>                                     |  |
| 13              | Office expenses   | <del> </del>                             |                              | <del> </del>                                     | <del></del>                              |
| 14              | Information technology  | <del></del>                              |                              | <del> </del>                                     |  |
| 15              | Royalties   |  |                              |  |  |
| 16              | Occupancy   | 36,332.                                  |                              |  |  |
| 17              | Travel  | 249.                                     |                              | <del> </del>                                     |  |
| 18              | Payments of travel or entertainment expenses  |  |                              | <del>                                     </del> | <del></del>                              |
|                 | for any federal, state, or local public officials   |  |                              |  |  |
| 19              | Conferences, conventions, and meetings  |  |                              |  |  |
| 20              | Interest  | 10,310.                                  |                              |  |  |
| 21              | Payments to affiliates  |  |                              |  |  |
| 22              | Depreciation, depletion, and amortization   | 57,820.                                  |                              |  |  |
| 23              | Insurance   |  |                              |  |  |
| 24              | Other expenses, Itemize expenses not covered  | w. , , , , , , , , , , , , , , , , , , , |                              |  |  |
|                 | above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)   |  |                              |  |  |
|                 | amount, list line 24e expenses on Schedule O.)  | <u>^</u>                                 |                              |  |  |
| а               | EQUIPMENT PURCHASES   | 345.                                     |                              |  |  |
| b               | OTHER DIRECT COSTS  | 258.                                     |                              |  |  |
| C               |   |  |                              | -  |  |
| d               | All all and an arrangement of the state of th |  | <del></del>                  | <del> </del>                                     |  |
| е<br>25         | All other expenses Total functional expenses Add lines 1 through 24e  | 105,314.                                 |                              | <del> </del>                                     | <del></del>                              |
| <u>25</u><br>26 | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization  | 100,014.                                 |                              | <del> </del>                                     |  |
| 20              | reported in column (B) joint costs from a combined  |  |                              | 1  |  |
|                 |   |  |                              |  |  |
|                 | educational campaign and fundraising solicitation.  Check here  fif following SOP 98-2 (ASC 958-720)  |  |                              | ł  |  |
| 20010           | Check here if following SOP 98-2 (ASC 958-720)  |  | <u> </u>                     | L  | Form <b>990</b> (2015)                   |

Form 990 (2015)

PROPERTIES CORPORATION

| Pa                          | <u> </u> | balance Sneet  |                       |                             |                       |              |   |
|-----------------------------|----------|--|-----------------------|-----------------------------|-----------------------|--------------|---|
|                             |          | Check if Schedule O contains a response or not       | e to ar               | y line in this Part X       |                       |              |   |
|                             |          |  |                       |                             | (A) Beginning of year |              | (B)<br>End of year                      |
|                             | 1        | Cash - non-interest-bearing                          |                       |                             | 51,914.               | 1            | 24,278.                                 |
|                             | 2        | Savings and temporary cash investments               |                       |                             |                       | 2            |   |
|                             | 3        | Pledges and grants receivable, net                   |                       |                             |                       | 3            |   |
|                             | 4        | Accounts receivable, net                             |                       |                             |                       | 4            |   |
|                             | 5        | Loans and other receivables from current and for     | rmer o                | officers, directors,        |                       |              |   |
|                             | 1        | trustees, key employees, and highest compensation    | ated er               | mployees. Complete          |                       |              |   |
|                             | 1        | Part II of Schedule L                                |                       |                             |                       | 5            |   |
|                             | 6        | Loans and other receivables from other disquali      | fied pe               | rsons (as defined under     |                       | ,            | 1                                       |
|                             | 1        | section 4958(f)(1)), persons described in section    | 4958                  | (c)(3)(B), and contributing |                       | ] "```.'``   |   |
|                             | 1        | employers and sponsoring organizations of sect       | ion 50                | 1(c)(9) voluntary           |                       |              |   |
| ts                          | 1        | employees' beneficiary organizations (see instr)     | lete Part II of Sch L | <u></u>                     | 6                     |              |   |
| Assets                      | 7        | Notes and loans receivable, net                      |                       |                             | L                     | 7            | <u></u>                                 |
| Ř                           | 8        | Inventones for sale or use                           |                       |                             |                       | 8            |   |
|                             | 9        | Prepaid expenses and deferred charges                |                       |                             |                       | 9            |   |
|                             | 10a      | Land, buildings, and equipment cost or other         | 1                     |                             | 3 7 1 1               | S,           |   |
|                             | ļ        | basis Complete Part VI of Schedule D                 | 10a                   | 1,826,367.<br>438,640.      |                       | 24 .         |   |
|                             | b        | Less accumulated depreciation                        | 10b                   | 438,640.                    | 1,374,968.            | 10c          | 1,387,727.                              |
|                             | 11       | investments - publicly traded securities             |                       | -                           | L                     | 11           |   |
|                             | 12       | Investments - other securities See Part IV, line 1   |                       | 12                          |                       |              |   |
|                             | 13       | Investments - program-related See Part IV, line      | <u></u>               | 13                          |                       |              |   |
|                             | 14       | Intangible assets                                    |                       | 14                          |                       |              |   |
|                             | 15       | Other assets See Part IV, line 11                    |                       | 15                          | 112                   |              |   |
|                             | 16       | Total assets. Add lines 1 through 15 (must equi      | al line               | 34)                         | 1,426,882.            | 16           | 1,412,005.                              |
|                             | 17       | Accounts payable and accrued expenses                |                       | 17                          | <b></b>               |              |   |
|                             | 18       | Grants payable                                       |                       | 18                          | <del> </del>          |              |   |
|                             | 19       | Deferred revenue                                     |                       |                             |                       | 19           | <u> </u>                                |
|                             | 20       | Tax-exempt bond liabilities                          |                       |                             |                       | 20           | ļ                                       |
|                             | 21       | Escrow or custodial account liability Complete I     | Part IV               | of Schedule D               | 7                     | 21           | L-,,                                    |
| es                          | 22       | Loans and other payables to current and former       | office                | rs, directors, trustees,    |                       | . *          |   |
| Liabilities                 | ł        | key employees, highest compensated employee          | es, and               | disqualified persons.       |                       | ·            |   |
| ja t                        | l        | Complete Part II of Schedule L                       |                       |                             | <u> </u>              | 22           | <del> </del>                            |
|                             | 23       | Secured mortgages and notes payable to unrela        | ated th               | ird parties                 | <u> </u>              | 23           | <del> </del>                            |
|                             | 24       | Unsecured notes and loans payable to unrelated       |                       | •                           |                       | 24           |   |
|                             | 25       | Other liabilities (including federal income tax, pa  | -                     |                             |                       | i            | [                                       |
|                             | ŀ        | parties, and other liabilities not included on lines | 17-24                 | ) Complete Part X of        | 121 000               |              | 162 622                                 |
|                             | ١.       | Schedule D   |                       |                             | 131,089.              | _            | 163,622.<br>163,622.                    |
|                             | 26_      | Total liabilities. Add lines 17 through 25           |                       |                             | 131,089.              | 26           | 103,044.                                |
|                             | }        | Organizations that follow SFAS 117 (ASC 958          |                       | ck here ▶ X and             | I STATE A TORSE       |              |   |
| Seo                         |          | complete lines 27 through 29, and lines 33 an        | d 34.                 |                             | 1,295,793.            |              | 1,248,383.                              |
| <u>a</u>                    | 27       | Unrestricted net assets                              |                       |                             | 1,295,195             | _            | 1,240,303.                              |
| Ba                          | 28       | Temporarily restricted net assets                    |                       |                             |                       | 28           | <del> </del>                            |
| ဋ                           | 29       | Permanently restricted net assets                    | ~~ ~-                 |                             |                       | 29           | 1 |
| Ę                           |          | Organizations that do not follow SFAS 117 (A         | SC 95                 | 8), check here 🗩 📖          |                       |              |   |
| S                           |          | and complete lines 30 through 34.                    |                       | 1 1 1 1 1 1                 | 30                    | 1            |   |
| Net Assets or Fund Balances | 30       | Capital stock or trust principal, or current funds   |                       |                             | 30                    | <del> </del> |   |
| t As                        | 31       | Paid-in or capital surplus, or land, building, or ed |                       | <u> </u>                    | 32                    | <del> </del> |   |
| Ne.                         | 32       | Retained earnings, endowment, accumulated in         | come,                 | or other funds              | 1,295,793.            |              | 1,248,383.                              |
|                             | 33       | Total habilities and not seem fund belonged          |                       |                             | 1,426,882.            |              | 1,412,005.                              |
|                             | 34_      | Total liabilities and net assets/fund balances       |                       |                             | 1 1120,002.           |              | Form <b>990</b> (2015                   |

ASHTABULA COUNTY COMMUNITY ACTION AGENCY 31-0974362 Page 12 PROPERTIES CORPORATION Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 57,903. 1 Total revenue (must equal Part VIII, column (A), line 12) 105,314. 2 Total expenses (must equal Part IX, column (A), line 25) -47.411.Revenue less expenses Subtract line 2 from line 1 3 1,295,793. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 7 Investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 1,248,382. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990. Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis \_\_\_ Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X За Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

532012 12-16-15 Form 990 (2015)

#### **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.

ASHTABULA COUNTY COMMUNITY ACTION AGENCY

Emplo

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PROPERTIES CORPORATION

Employer identification number 31-0974362

| Pa       | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the  |   |   |  |  |  |  |  |
|----------|---|---|---|--|--|--|--|--|
|          | organization answered "Yes" on Form 990, Part IV, line 6  |   |   |  |  |  |  |  |
|          |   | (a) Donor advised funds                       | (b) Funds and other accounts                  |  |  |  |  |  |
| 1        | Total number at end of year   |   |   |  |  |  |  |  |
| 2        | Aggregate value of contributions to (during year)   |   |   |  |  |  |  |  |
| 3        | Aggregate value of grants from (during year)  |   |   |  |  |  |  |  |
| 4        | Aggregate value at end of year  |   |   |  |  |  |  |  |
| 5        | Did the organization inform all donors and donor advisors in  | writing that the assets held in donor advis   | ed funds                                      |  |  |  |  |  |
|          | are the organization's property, subject to the organization's  | exclusive legal control?                      | Yes No  |  |  |  |  |  |
| 6        | Did the organization inform all grantees, donors, and donor a   | advisors in writing that grant funds can be   | used only                                     |  |  |  |  |  |
|          | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for any other purpose    |   |  |  |  |  |  |
| _        | impermissible private benefit?  |   | Yes No  |  |  |  |  |  |
| Pa       | <del></del>   |   | Part IV, line 7                               |  |  |  |  |  |
| 1        | Purpose(s) of conservation easements held by the organizat  |   |   |  |  |  |  |  |
|          | Preservation of land for public use (e.g., recreation or e  | · .—¬   | orically important land area                  |  |  |  |  |  |
|          | Protection of natural habitat   | Preservation of a certi                       | fied historic structure                       |  |  |  |  |  |
| _        | Preservation of open space  |   |   |  |  |  |  |  |
| 2        | Complete lines 2a through 2d if the organization held a quali   | fied conservation contribution in the form    |   |  |  |  |  |  |
|          | day of the tax year   |   | Held at the End of the Tax Year               |  |  |  |  |  |
| a        | Total number of conservation easements  |   | 2a  |  |  |  |  |  |
| þ        | •   |   | 2b  |  |  |  |  |  |
| C        | Number of conservation easements on a certified historic str  | • •   | 2c  |  |  |  |  |  |
| a        | Number of conservation easements included in (c) acquired   | after 8/17/06, and not on a historic structu  | , , , , , , , , , , , , , , , , , , ,         |  |  |  |  |  |
| •        | listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax |   |   |  |  |  |  |  |
| 3        | _   | leased, extinguished, or terminated by the    | organization during the tax                   |  |  |  |  |  |
| 4        | Number of states where property subject to companyation on  | noment is leasted                             |   |  |  |  |  |  |
| 5        | Number of states where property subject to conservation ea  | <del></del>                                   |   |  |  |  |  |  |
| 3        | Does the organization have a written policy regarding the per<br>violations, and enforcement of the conservation easements i                                      |   | Yes No  |  |  |  |  |  |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting,  |   |   |  |  |  |  |  |
| U        | b   | Thandling of Violations, and emorcing cons    | servation easements during the year           |  |  |  |  |  |
| 7        | Amount of expenses incurred in monitoring, inspecting, hand   | tling of violations, and enforcing conservat  | tion easements during the year                |  |  |  |  |  |
| -        | ►\$   | sing of violations, and emoloring concerva    | non cacomonic daming the year                 |  |  |  |  |  |
| 8        | Does each conservation easement reported on line 2(d) above   | ve satisfy the requirements of section 170    | (h)(4)(B)(i)                                  |  |  |  |  |  |
|          | and section 170(h)(4)(B)(ii)?   |   | Yes No  |  |  |  |  |  |
| 9        | In Part XIII, describe how the organization reports conservati  | on easements in its revenue and expense       | statement, and balance sheet, and             |  |  |  |  |  |
|          | include, if applicable, the text of the footnote to the organiza  |   |   |  |  |  |  |  |
|          | conservation easements  |   |   |  |  |  |  |  |
| Pai      | t III Organizations Maintaining Collections o   | f Art, Historical Treasures, or O             | ther Similar Assets.                          |  |  |  |  |  |
|          | Complete if the organization answered "Yes" on Form   | 990, Part IV, line 8                          |   |  |  |  |  |  |
| 1a       | If the organization elected, as permitted under SFAS 116 (AS  | SC 958), not to report in its revenue staten  | nent and balance sheet works of art,          |  |  |  |  |  |
|          | historical treasures, or other similar assets held for public exl   | hibition, education, or research in furtheral | nce of public service, provide, in Part XIII, |  |  |  |  |  |
|          | the text of the footnote to its financial statements that descri  | ibes these items                              |   |  |  |  |  |  |
| b        | If the organization elected, as permitted under SFAS 116 (AS  | SC 958), to report in its revenue statement   | and balance sheet works of art, historical    |  |  |  |  |  |
|          | treasures, or other similar assets held for public exhibition, e  | ducation, or research in furtherance of put   | olic service, provide the following amounts   |  |  |  |  |  |
|          | relating to these items   |   |   |  |  |  |  |  |
|          | (i) Revenue included on Form 990, Part VIII, line 1   |   | <b>▶</b> \$                                   |  |  |  |  |  |
|          | (II) Assets included in Form 990, Part X  |   | <b>&gt;</b> \$                                |  |  |  |  |  |
| 2        | If the organization received or held works of art, historical tre   | asures, or other similar assets for financia  | l gain, provide                               |  |  |  |  |  |
|          | the following amounts required to be reported under SFAS 1  | 16 (ASC 958) relating to these items:         |   |  |  |  |  |  |
| а        | Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                                |  |  |  |  |  |
| <u>b</u> | Assets included in Form 990, Part X   | <del></del>                                   | <u> </u>                                      |  |  |  |  |  |
| LHA      | For Paperwork Reduction Act Notice, see the Instruction   | s for Form 990.                               | Schedule D (Form 990) 2015                    |  |  |  |  |  |

| 1      |  | IES CORPOR            |            |                |  |  |                   |               | 9/436  | _        | <u>age 2</u> |
|--------|--|-----------------------|------------|----------------|--|--|-------------------|---------------|--|----------|--------------|
| Pa     | rt III   Organizations Maintaining C   | ollections of A       | rt, His    | torical Tr     | easures,   | or Othe  | r Simila          | ar Ass        | ets(contir                                       | nued)    |              |
| 3      | Using the organization's acquisition, accessi  | on, and other record  | ds, checl  | k any of the   | following that                                   | at are a sig                                     | gnificant i       | use of it:    | s collection                                     | n item   | าร           |
|        | (check all that apply).  |                       |            |                |  |  |                   |               |  |          |              |
| а      | Public exhibition  | c                     | . 🖳        | Loan or exc    | hange progr                                      | ams  |                   |               |  |          |              |
| b      | Scholarly research   | e                     |            | Other          |  |  |                   |               |  |          |              |
| С      | Preservation for future generations  |                       |            |                |  |  |                   |               |  |          |              |
| 4      | Provide a description of the organization's co   | ollections and explai | n how th   | ney further t  | he organizat                                     | ion's exen                                       | npt purpo         | se in Pa      | art XIII   |          |              |
| 5      | During the year, did the organization solicit of   | r receive donations   | of art, hi | stoncal trea   | sures, or oth                                    | er sımılar                                       | assets            |               |  |          |              |
|        | to be sold to raise funds rather than to be ma   |                       |            |                |  |  |                   |               | Yes_   |          | <u>  No</u>  |
| Pa     | rt IV Escrow and Custodial Arran<br>reported an amount on Form 990, Par  |                       | ete if the | organizatio    | n answered                                       | "Yes" on I                                       | Form 990          | , Part IV     | , line 9, or                                     |          |              |
|        | Is the organization an agent, trustee, custod  |                       | diany for  | contribution   | ns or other as                                   | sets not i                                       | ncluded           |               |  |          |              |
|        | on Form 990, Part X?   | ian or other intermet | Jiary 101  | CONTINUATION   | is or other as                                   | 33613 1101 1                                     | noluged           | Г             | Yes  |          | No           |
| h      | If "Yes," explain the arrangement in Part XIII   | and complete the fe   | llouma     | labla          |  |  |                   | L-            | 163  |          |              |
| U      | ires, explain the arrangement in Fart Alli   | and complete the ic   | liowing    | labie          |  |  |                   |               | Amount   |          |              |
| _      | Damas ma halas aa  |                       |            |                |  |  | 1                 |               | Amoun  | <u> </u> |              |
|        | Beginning balance  |                       |            |                |  |  | 1c                |               |  | -        |              |
|        | Additions during the year  |                       |            |                |  |  | 1d                |               |  |          |              |
| е      | Distributions during the year  |                       |            |                |  |  | 1e                |               |  |          |              |
| f      | Ending balance   |                       |            |                |  |  | 1f                | —             |  |          | <del></del>  |
|        | Did the organization include an amount on Fe   |                       |            |                |  |  | ty?               | L             | Yes  | 늗        | _ No         |
|        | If "Yes," explain the arrangement in Part XIII   |                       |            |                |  |  |                   |               |  |          | <u></u>      |
| Pa     | rt√ ∮ Endowment Funds. Complete  | f the organization ar | swered     | "Yes" on Fo    | orm 990, Par                                     |  |                   |               |  |          |              |
|        |  | (a) Current year      | (b) P      | rior year      | (c) Two yea                                      | rs back (  | <b>d)</b> Three y | ears bac      | (e) Four   | r years  | back         |
| 1a     | Beginning of year balance  |                       |            |                |  |  |                   |               | <u> </u>   |          |              |
| b      | Contributions  |                       |            |                |  |  |                   |               | _  |          |              |
| С      | Net investment earnings, gains, and losses   |                       |            |                |  |  |                   |               |  |          |              |
| đ      | Grants or scholarships   |                       |            |                |  |  |                   |               |  |          |              |
|        | Other expenditures for facilities  |                       |            |                |  |  |                   |               | Ť  |          |              |
|        | and programs   |                       |            |                |  |  |                   |               | Į  |          |              |
| f      | Administrative expenses  |                       |            | <del>-</del>   | †  |  |                   |               | <del>                                     </del> |          |              |
| g      | End of year balance  |                       | _          |                | <del>                                     </del> |  |                   |               | <u> </u>   | -        |              |
| 2      | Provide the estimated percentage of the curr   | rent year end halan   | a (line 1  | a column (     | a)) bold as                                      |  |                   |               |  |          |              |
|        | Board designated or quasi-endowment  | rent year end balant  | %          | g, column (    | a)) Held as                                      |  |                   |               |  |          |              |
| a      | Permanent endowment  | %                     |            |                |  |  |                   |               |  |          |              |
| b      |  |                       |            |                |  |  |                   |               |  |          |              |
| С      | Temporarily restricted endowment   | %                     |            |                |  |  |                   |               |  |          |              |
|        | The percentages on lines 2a, 2b, and 2c sho  | · ·                   |            |                |  |  |                   |               |  |          |              |
| за     | Are there endowment funds not in the posse   | ssion of the organiz  | ation tha  | at are held a  | ind administe                                    | ered for th                                      | e organiz         | ation         | ı  |          | <u> </u>     |
|        | by   |                       |            |                |  |  |                   |               |  | Yes      | No           |
|        | (i) unrelated organizations  |                       |            |                |  |  |                   |               | 3a(i)  |          | <b>├</b> ─   |
|        | (ii) related organizations   |                       |            |                |  |  |                   |               | 3a(ıi)   |          |              |
| b      | If "Yes" on line 3a(ii), are the related organization  |                       |            |                |  |  |                   |               | 3b   |          | <u></u>      |
| 4      | Describe in Part XIII the intended uses of the   |                       | owment     | funds.         |  |  |                   |               |  |          |              |
| Pai    | t VI Land, Buildings, and Equipm   |                       |            |                |  |  |                   |               |  |          |              |
|        | Complete if the organization answered  | d "Yes" on Form 99    | 0, Part I\ | /, line 11a. 5 | See Form 990                                     | 0, Part <u>X,</u> I                              | ine 10            |               |  |          |              |
|        | Description of property  | (a) Cost or o         | other      | (b) Cost       | or other   | (c) Ac   | cumulate          | d             | (d) Boo  | k valu   | ie           |
|        |  | basis (investi        | ment)      | basis          | (other)  | dep  | reciation         | - 1 -         | _  |          |              |
| 1a     | Land   |                       |            | 13             | 7,223.   | 17 4 4   | , s. s            | ( ¥           |  |          | 23.          |
| b      | Buildings  |                       |            |                | 7,297.   |  |                   |               | 1,56   |          |              |
|        | Leasehold improvements   |                       | _          | <u> </u>       |  | 3  | 56,70             | 59.           |  |          | 69.          |
|        | Equipment  |                       |            | 12             | 1,847.   |  | 81,8              |               | 3  | 9,9      | 76.          |
|        | Other  |                       |            |                |  | <del>                                     </del> |                   | $\neg +$      |  |          | <del>_</del> |
|        | Add lines 1a through 1e (Column (d) must e   | gual Form 990 Part    | X colur    | nn (R) line    | 10c.)  |  |                   | ightharpoonup | 1,38   | 7.7      | 27.          |
| · Utal | The state of the s | gaar onn 330, rait    | , , colul  | יייי, ווופ     |  |  |                   | Sobodu        | le D (Forr                                       |          |              |

| PROPERTIES | CORPORATION |
|------------|-------------|

| Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1.           (a) Description of liability         (b) Book value           (1) Federal income taxes         163,622.           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)         163,622.   | r end-of-year market value              |
|---|---|
| 2) Closely-held equify interests 3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M  |   |
| (A) (B) (C) (C) (D) (E) (F) (G) (H) (Dist. (Col. (b) must equal form 990, Part X, col. (8) line 12.) ►  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost on (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (9) (1) (9) (1) (1) (9) (1) (1) (9) (1) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18  |   |
| (A) (B) (C) (C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G  |   |
| B    C    C    C    C    C    C    C  |   |
| (C) (D) (E) (F) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G  |   |
| (D) (E) (F) (G) (G) (H)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost of (c) Method of valuation Cost of (d) (e) Method of valuation Cost of (d) (e) Method of valuation Cost of (e)   |   |
| (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  |   |
| (F) (G) (G) (H) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  |   |
| (G) (H) (H) (Filtal, (Coll, (b)) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII] Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost on (c) Meth | <del></del>                             |
| (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost of the program Related.  (a) Description of investment (b) Book value (c) Method of valuation Cost of the program Related.  (a) Description of investment (b) Book value (c) Method of valuation Cost of the program Related.  (a) Description (b) Book value (c) Method of valuation Cost of the program Related.  (a) Description (b) Book value (c) Method of valuation Cost of the program Related. (d) Description (d) Description Related See Form 990, Part X, line 15 Description (d) Description (e) Description Related See Form 990, Part X, line 15 Description Related Se |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   ▶   Part VIII   Investments - Program Related.   |   |
| Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1014)   |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost of the cost of valuation Cost |   |
| (a) Description of investment (b) Book value (c) Method of valuation Cost or (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) (6) (7) (8) (9) (1) (8) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (4) (5) (4) (5) (6) (7) (8) (8) (9) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (1) (2) (2) (3) (4) (4) (5) (4) (5) (6) (7) (7) (8) (8) (9) (8) (9) (8) (9) (8) (8) (9) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8   |   |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9  |   |
| (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (8) (9) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (9) (8) (8) (9) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8  | r end-of-year market value              |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 163,622.   |   |
| (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (4) (5) (6) (7) (8) (9) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (16) (17) (18) (18) (19) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (16) (17) (18) (18) (18) (19) (10) (10) (10) (10) (10) (10) (10) (10   |   |
| (5) (6) (7) (8) (9) 10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  10tal. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE 163 , 6222.  (3) (4) (5) (6) (7) (8) (9) (9) (10tal. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 163 , 6222.   |   |
| (6) (7) (8) (9) Iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Iotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15, Part X, line 15, Part X, line 15, Part X, line 16, A, 622.  (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 163,622.   |   |
| (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (6) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (2) (3) (4) (4) (5) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (2) (3) (4) (4) (5) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8  |   |
| (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (6) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (2) (3) (4) (4) (5) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (2) (3) (4) (4) (5) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8  |   |
| [8] [9]  Total. [Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 163,622.  163,622.  |   |
| Fotal.   (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   ▼   Part IX   Other Assets.  |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX   Other Assets.  |   |
| Part IX   Other Assets.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.   (a) Description  | Y Y. Y Y                                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  Complete if the organization of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (1) Fold (Column (b) must equal Form 990, Part X, col (B) line 25)   |   |
| (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, lin  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) NOTES PAYABLE 163,622.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 163,622.  |   |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line  (a) Description of liability (b) Book value (1) Federal income taxes (2) NOTES PAYABLE 163,622. (3) (4) (5) (6) (7) (8) (9) (9) (10tal. (Column (b) must equal Form 990, Part X, col (B) line 25)  | (b) Book value                          |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line (a) Description of liability (b) Book value (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   | (b) Book value                          |
| (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line (a) Description of liability (b) Book value (1) Federal income taxes (2) NOTES PAYABLE (163, 622. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  |   |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE 163,622. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   |   |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE 163,622. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.  |   |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1.  (a) Description of liability (b) Book value (1) Federal income taxes (2) NOTES PAYABLE 163,622. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  |   |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, lin  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   |   |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   |   |
| (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE 163,622.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 163,622.  |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  |   |
| Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)  |   |
| (a) Description of liability (b) Book value  (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   | ne 25.                                  |
| (1) Federal income taxes (2) NOTES PAYABLE (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.  |   |
| (2) NOTES PAYABLE  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  ▶ 163,622.  |   |
| (3) (4) (5) (6) (7) (8) (9)    Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   163,622.  |   |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   | 1 |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   |   |
| (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 163,622 •  |   |
| (7) (8) (9)  **Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   |   |
| (8) (9)  **Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  **Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   |   |
| (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  163,622.   |   |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 25)   |   |
|   |   |
|   |   |
| A CHAMBER OF MUNCHALLIAN DUSTINES THE ALL ALL DEVINE HE LEAL OF THE NOTICE HERE DECIDE HERE DECIDED AND A HUMBER STATE OF   |   |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has be   | ents that reports the                   |

| che        | dule D (Form 990) 2015 PROPERTIES CORPORATION                                  |                 | 31-09/4362 Page                        |
|------------|--|-----------------|--|
| ar         | XI Reconciliation of Revenue per Audited Financial State                       | ments With Reve |  |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line         | 12a             |  |
| 1          | Total revenue, gains, and other support per audited financial statements       |                 | 1                                      |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |                 | * Books                                |
| а          | Net unrealized gains (losses) on investments                                   | 2a              |  |
| b          | Donated services and use of facilities   | 2b              | **                                     |
| c          | Recovenes of pnor year grants  | 2c              | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| d          | Other (Describe in Part XIII )   | 2d              | i                                      |
| е          | Add lines 2a through 2d  |                 | 2e                                     |
| 3          | Subtract line 2e from line 1   |                 | 3                                      |
| 4          | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |                 | \$ 2                                   |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a              |  |
| b          | Other (Describe in Part XIII.)   | 4b              | * *                                    |
| С          | Add lines 4a and 4b  |                 | 4c                                     |
| 5          | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |                 | 5                                      |
| ar         | XII Reconciliation of Expenses per Audited Financial State                     | ements With Exp | enses per Return.                      |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line         | 12a.            |  |
| 1          | Total expenses and losses per audited financial statements                     |                 | 1                                      |
|            | Amounts included on line 1 but not on Form 990, Part IX, line 25               |                 |  |
| а          | Donated services and use of facilities   | 2a              | ^ *                                    |
| b          | Prior year adjustments   | 2b              |  |
| С          | Other losses   | 2c              |  |
| d          | Other (Describe in Part XIII)  | 2d              | * , 1                                  |
| е          | Add lines 2a through 2d  |                 | 2e                                     |
| 3          | Subtract line 2e from line 1   |                 | 3                                      |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1              |                 |  |
| а          | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a              |  |
| b          | Other (Describe in Part XIII )   | 4b              | ***                                    |
| С          | Add lines <b>4a</b> and <b>4b</b>  |                 | 4c                                     |
| 5          | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |                 | 5                                      |
|            |  |                 |  |
|            |  |                 |  |
|            |  |                 |  |
| _          |  |                 |  |
| 54<br>1-15 |  |                 | Schedule D (Form 990) 20               |

### ' SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

| Name of the organization | PROPERTIES CORPORATION                           | Employer identification number 31-0974362 |
|--------------------------|--|---|
| FORM 990, PART           | I, LINE 1, DESCRIPTION OF ORGANIZATION MISS      | SION:                                     |
| AGENCY, A 501(C          | )(3) ORGANIZATION.                               |   |
| FORM 990, PART           | VI, SECTION B, LINE 11:                          |   |
| THE AUDIT COMMIT         | TTEE IS PROVIDED A COPY OF THE 990 PRIOR TO      | ) FILING.                                 |
| FORM 990, PART N         | VI, SECTION C, LINE 19:                          |   |
| THE ORGANIZATION         | NS GOVERNING DOCUMENTS ARE AVAILABLE UPON F      | REQUEST TO THE                            |
| EXECUTIVE DIRECT         | TOR  |   |
| <del></del>              |  |   |
|                          |  |   |
| <del></del>              |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~    |
|                          |  |   |
|                          |  |   |
|                          |  |   |
|                          |  |   |
|                          |  |   |
|                          | <del></del>                                      |   |
|                          |  |   |
| <del></del>              | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> |   |
| <del></del>              | <del></del>                                      |   |
| <del></del>              | <del></del>                                      |   |
| <del></del>              |  |   |
|                          |  |   |
|                          | <del></del>                                      | <del></del>                               |
|                          |  |   |
|                          |  |   |