<sub>Form</sub> 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

		2047	ar year, or tax year beginning , 2017, and en	dina		, 20	
B Check if applicable					mus ida	, 20 ntification number ?1	
_			C Name of organization 21	l o Embi	-	1-124494 3	
Address change			Tri-County SOUL Ministries, Inc	outo E Talan			
$\overline{}$		Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite  E Tel					
=	initial return Final return/termin		11177 Springfield Pike			1-772-2277	
=	Amended I	-	City or town, state or province, country, and ZIP or foreign postal code	\	ıp Exen	•	
	Application	n pending	Cincinnati, OH 545246		nber 🕨 😰		
G /	Accounti	ing Method:	☐ Cash ☐ Accrual Other (specify) ►	- 1		the organization is not	
	Vebsite:			-  ' .		ch Schedule B	
			ack only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or □ 5	27 (Form 9	90, 990	-EZ, or 990-PF).	
K	orm of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			<del></del>	
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total assets			
(Pa	t II, colu		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	• • •	\$		
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se				
_		Check if	the organization used Schedule O to respond to any question in this	Part I			
?1	1		ons, gifts, grants, and similar amounts received		1	81374	
?1	2		ervice revenue including government fees and contracts		2	·	
?1	3	Membersh	ip dues and assessments		3		
?:	4	Investmen	tincome		4	3416	
	5a	Gross amo	ount from sale of assets other than inventory 5a				
	b	Less: cost	or other basis and sales expenses				
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a	)	5c		
	6	Gaming ar	nd fundraising events		l		
	а	Gross inc	ome from gaming (attach Schedule G if greater than				
9		\$15,000)					
Revenue	b	Gross inco	me from fundraising events (not including \$of control	nbutions			
æ		from fundraising events reported on line 1) (attach Schedule G if the					
_		sum of su	ch gross income and contributions exceeds \$15,000) 6b				
	С		et expenses from gaming and fundraising events 6c				
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract			
	l	line 6c)			6d		
	7a	Gross sale	s of inventory, less returns and allowances				
	b		of goods sold		]		
	C	Gross pro	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8		nue (describe in Schedule O)		8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	84790	
	10		d similar amounts paid (list in Schedule O)		10	200	
	11		aid to or for members		11		
ģ	12		ther compensation, and employee benefits 🛂		12		
ક્	13		al fees and other payments to independent contractors 2		13		
Expenses	14		y, rent, utilities, and maintenance		14	2412	
页	15		ublications, postage, and shipping		15	196	
	16	• .	enses (describe in Schedule O) 2		16	82517	
	17	•	enses. Add lines 10 through 16		17	85325	
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	-535	
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (mus				
SS			ar figure reported on prior year's return)		19	78799	
Net Assets	20	•	nges in net assets or fund balances (explain in Schedule 0)		20		
Ž	21		or fund balances at end of year. Combine lines 18 through 20		21	76003	
	6m	1151 033513	on turne paramoes at one or your combine intes to through 20			, 5000	

	990-EZ (2017)						Page				
Pa	t II Balance Sheets (see the instructions t			_							
	Check if the organization used Schedule	O to respond to a	ny question in this		$\overline{}$		<u> C</u>				
			<u> </u>	(A) Beginning of year		<u>-</u>	) End of year				
22	Cash, savings, and investments			787	99 2	=	7600				
23	Land and buildings		[		2						
24	Other assets (describe in Schedule O)		[		24						
25	Total assets		[	787	99 2	5	7600				
26	Total liabilities (describe in Schedule O)		[		20	6					
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	787	99 2	7	7600				
Par	t III Statement of Program Service Accom	plishments (see th	ne instructions for F	Part III)							
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III			Expenses				
Vha	t is the organization's primary exempt purpose?	······································					ed for section				
	cribe the organization's program service accompli	ohmonto for each a	f ita thraa largaat n	room conject			3) and 501(c)(4) ations; optional fo				
	neasured by expenses. In a clear and concise m				', I	thers.					
ers	ons benefited, and other relevant information for ea	ach program title.	e services provided	i, the number t	"						
	Provided food, laundry products, diapers, paper goo	<del></del>	sunnies household	itams rant	+						
20	gas cards, auto repair, utility payments to help client										
	gas cards, auto repair, durity payments to help chem	15 . 074 Households 5			<b>-</b>						
24	(Grants \$ 200) If this amount				ŗ   <u> </u>	_	7047				
20				<b>P</b> L	1   2	8a	7047				
29	Provided utility payments, rent/mortgage, auto repair	r, etc. for 43 families	at Christmas								
					<u>.</u> .   _	_					
			ants, check here .		2	9a	1219				
30	phone, computer/repair, checks, bank charges, state	tax, VCM managem	ent system, refrigerat	or							
				phone, computer/repair, checks, bank charges, state tax, VCM management system, refrigerator							
		1									
					-						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	 ] 3	0a	265				
31	(Grants \$ ) If this amount Other program services (describe in Schedule O)		ants, check here .		 ] 3	0a	265				
	Other program services (describe in Schedule O) (Grants \$ ) If this amount		ants, check here	<b>▶</b> □		0a 1a	265				
	Other program services (describe in Schedule O)		ants, check here	<b>▶</b> □	3		265a 8532				
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount		ants, check here		3	1a	8532				
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a to 10 ) List of Officers, Directors, Trustees, and Key	ıncludes foreign gra through 31a) . • Employees (list eac	ants, check here  hone even if not com	pensated—see th	3	1a	8532				
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a	Includes foreign grathrough 31a)  Femployees (list each O to respond to a	ants, check here  h one even if not com y question in this (c) Reportable	pensated—see th	] 3 e inst	1a 32 ructi	8532 ons for Part IV)				
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a to 10 ) List of Officers, Directors, Trustees, and Key	ıncludes foreign gra through 31a) . • Employees (list eac	ants, check here  h one even if not com y question in this (c) Reportable compensation	pensated—see th Part IV  (d) Health beneficontributions to emp	e inst	1a 32 ruction	8532 ons for Part IV)				
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a to 10 lines 28a to 20	Includes foreign grathrough 31a)  Employees (list eac O to respond to a (b) Average	ants, check here  h one even if not com y question in this (c) Reportable	pensated—see th Part IV  (d) Health beneficontributions to employees, benefit plans, ar	a se inst	1a 32 ruction	8532 ons for Part IV)				
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32 Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a to tive List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  22 (a) Name and title	Includes foreign grathrough 31a)  Employees (list each O to respond to a (b) Average hours per week	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see th Part IV  (d) Health beneficontributions to employees, benefit plans, ar	e inst	1a 32 ruction	8532 ons for Part IV)				
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32 Par Boni 179	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a to 1 IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  22 (a) Name and title  14 Monroe, Chalrman  15 Jeanne's Creek, West Chester, OH 45069  16 In Zimmermann, Secretary	Includes foreign grathrough 31a)  Employees (list each of the orespond to a light of the orespond to a	ants, check here  h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see th Part IV  (d) Health benefit contributions to emp benefit plans, ar deferred compensa	e inst ts, bloyee ad ation	1a 32 ruction	8532 ons for Part IV) 				
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32 Par Bons 179 Susa 108 Mary 123 Cher	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a of the IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  22 (a) Name and title  13 (a) Name and title  14 Lincolnshire Dr., Cincinnati, OH 45240	Includes foreign grathrough 31a)	ants, check here  h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see th Part IV  (d) Health benefit contributions to emp benefit plans, ar deferred compensa	3 3 see instructions of the control	1a 32 ruction	8532 ons for Part IV) 				
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32 Par 30ni 3179 30usa 1108 Mary 18 Ju Mark 123	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a state) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  (b) Name and title  (c) Name and title  (d) Name and title  (e) Name and title  (f) Name and title  (f) Name and title  (g) Name and title  (h) Name a	Includes foreign grathrough 31a)	ants, check here  h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see th Part IV  (d) Health benefit contributions to emp benefit plans, ar deferred compensa	3 3 see instructions of the control	1a 32 ruction	8532 ons for Part IV)				
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Doc=1/- Other Information (Note the Cohedule A and nominal handle contract statement in a column to			
Part V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the statement requirement.			
Instructions for Fart V.) Check if the organization used Schedule O to respond to any question in t	IIIS Fai	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	a [	165	140
detailed description of each activity in Schedule O	33	<b>/</b>	
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforme		+-	┢
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
change on Schedule O (see instructions)	34	1	1
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business		┼	
activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C			-
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice		Ή—	$\vdash$
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	" 35c	. 1	1
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset		+	-
during the year? If "Yes," complete applicable parts of Schedule N		Ì	ر ا
	36	+-	~
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-	<b>I</b>	ر. ا
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	<del></del>	-
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	i i	İ	ار. ا
	38a	-	~
b If "Yes," complete Schedule L, Part II and enter the total amount involved			ļ
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			1
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ; section 4955 ▶	<del>-</del> ]	Ì	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 495			
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		1	١.
•	40b	<u>'</u>	1
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1	1
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ı		Ì
·	-		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
AH	=	1	1
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelts transaction? If "Yes," complete Form 8886-T	- 1		ار ا
and the same of th	40e		
42a The organization's books are in care of ▶ Telephone no. ▶			
Located at ► ZIP + 4 ►  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Tv	T
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	_
· · · · · · · · · · · · · · · · · · ·	42b	<del>'</del>	<u> </u>
If "Yes," enter the name of the foreign country:	<u>-</u>		Į
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank an Financial Accounts (FBAR).	a		1
			١.
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u></u>	
If "Yes," enter the name of the foreign country:	_		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	; · ·		
and enter the amount of tax-exempt interest received or accrued during the tax year	<u></u>	1	T
440 Did the experimental mountain any demandable founds doubt 10 10 10 10 10 10 10 10 10 10 10 10 10		Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
completed instead of Form 990-EZ	44a	1	~
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must b	- 1	1	1
completed instead of Form 990-EZ	44b	_	~
c Did the organization receive any payments for indoor tanning services during the year?	44c		~
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide a	n		
explanation in Schedule O	44d		1
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b Did the organization receive any payment from or engage in any transaction with a controlled entity within th			
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	of		
Form 990-EZ (see instructions)	45b	1	

ouu 88	0-EZ (20	<u> </u>						P	age 4		
46		ne organization engage, directly or included in the control of the						Yes	No		
Part \	/I :	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only					for line	es		
		Check if the organization used Sch	edule O to respond	to any question in	this Part	VI		<u></u>			
47	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							No			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						. 48	+	V		
<ul> <li>49a Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>b If "Yes," was the related organization a section 527 organization?</li></ul>							. 49a	+	V		
50	Comp	plete this table for the organization's 1	five highest compens	sated employees (d	ther than	officers, direct	ors, truste	es, an			
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the or			e, enter "	None."			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ealth benefits, ons to employee ans, and deferred mpensation	(e) Estima other co				
									<del></del>		
<del></del>						· · · · · · · · · · · · · · · · · · ·					
f 51	Comp	number of other employees paid ove plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	ent contrac	tors who eac	h received	d more	than		
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service	(0	c) Compensa	tion			
			**************************************								
					-						
					<del></del>						
d 52	Did t	number of other independent contraction complete Scheduleleted Schedule A	-	•	ganization:	s must attac	ha . <b>⊳</b> ∐Ye	s 🔲	No		
Jnder por	enalties rect, and	of perjury, I declare that I have examined this red d complete. Declaration of preparer (other than	etum, including accompan- officer) is based on all info	ying schedules and state	ements, and t	o the best of my k owledge.	nowledge ar	nd belief,	, it is		
Sign		Many Doeblin	7			Date	·				
Here	22	Mary Jo Doebling, Treasurer Type or print name and title		Ma	rch 8, 2017						
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emple					
Use (		Firm's name				Firm's EIN ▶					
May th	e IRS	Firm's address Phone no.  RS discuss this return with the preparer shown above? See instructions									

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Par			<del></del>				ns.
he c	organization is not a private founda				•	•	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3 4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
~	hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	☐ A community trust described i			Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	l to its exempt fu It income and un	inctions—subject to c related business taxal	ertaın exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and	*	•	-			
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organization	ons described in secti	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
а	☐ Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported						· · [
_ <u>g</u>	Provide the following information	n about the supp	oorted organization(s).			· · · · · · · · · · · · · · · · · · ·	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	1-10 listed in your governing support (see other support			
				Yes	No		
A)							
B)							
C)							
D) 							
E)							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization fails to qualify	under the tes	is isted bein	w, please co	inplete Fart II	· <u>)                                    </u>	
	on A. Public Support			43.55.5	<u> </u>		
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	77591	92367	88170	86798	81374	426300
2	sold or services performed, or facilities			ŀ			
	furnished in any activity that is related to the			Į		1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		j	}		l l	
	unrelated trade or business under section 513						
4	Tax revenues levied for the				ŀ		
	organization's benefit and either paid to		•	ŀ	l	i i	
	or expended on its behalf						
5	The value of services or facilities			İ	-	1	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	77591	92367	88170	86798	81374	426300
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			l.	Ì	1	
	received from other than disqualified		İ		ļ		
	persons that exceed the greater of \$5,000		ļ	l.		1	
	or 1% of the amount on line 13 for the year						<del></del>
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				ľ		
	line 6.)						426300
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	77591	92367	88170	86798	81374	426300
10a	Gross income from interest, dividends,	ļ	j	]	ļ	j	
	payments received on securities loans, rents,						
_	royalties, and income from similar sources .	600	600	600	867	3416	6083
b	Unrelated business taxable income (less			ļ			
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975				<del></del>		
_	Add lines 10a and 10b	78181	92967	88770	87665	84790	432383
11	Net income from unrelated business	ĺ	[	-	1	Į	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		2227	0/770			
40	(Explain in Part VI.)	78181	92967	86770	87665	84790	, 432383
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	í	ļ		ì		V
4.4	First five years. If the Form 990 is for th		la first sees	d shind founds	or fifth have ve		E01/a\/0\
14	organization, check this box and stop her	•	-		•		1727
Sacti	on C. Computation of Public Suppor			· · · · ·		· · · · ·	· · · L
15	Public support percentage for 2017 (line 8	<del></del>		3 column (fl)	<del></del>	15	98.6 %
16	Public support percentage from 2016 Sch		-			16	99.3 %
	on D. Computation of Investment Inc			<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	1 10	77.3 70
17	Investment income percentage for 2017 (I			/ line 13 colun	nn (fl)	17	01 %
18	Investment income percentage from 2016					18	.01 %
19a	331/3% support tests—2017. If the organi						
	17 is not more than 331/3%, check this box a						
ь	331/3% support tests—2016. If the organiz		-			-	
	line 18 is not more than 331/3%, check this b				-		•
20	Private foundation. If the organization did	_	_			• •	

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

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

Tri-County SOUL Ministries, Inc.	31-1244943
Part V Line 33- Received Food Gift Cards from Meljer's Grocery in the amount of \$60,000. Have spent	approx. \$5000 in 2017.
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