

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 APRON INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 291 N HUBBARDS LN STE B-26-266

City or town, state or province, country, and ZIP or foreign postal code
 LOUISVILLE, KY 40207

D Employer identification number
 45-3445756

E Telephone number
 (502) 220-4800

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 95,214

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	53,828	22 57,547
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	53,828	25 57,547
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,828	27 57,547

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
 THE PURPOSE FOR APRON, INC IS TO PROVIDE TEMPORARY AND LIMITED FINANCIAL RELIEF TO PROFESSIONAL FOOD INDUSTRY WORKERS IN LOUISVILLE AND IN SURROUNDING AREAS WHO WORK AT LOCALLY OWNED ESTABLISHMENTS AND WHO ARE EXPERIENCING FINANCIAL DISTRESS DUE TO ILLNESS, INJURY OR OTHER HEALTH RELATED ISSUES, AN ACCIDENT OR ACCIDENTS, FAMILY EMERGENCIES OR OTHER EMERGENCIES, CRIMINAL ACTS COMMITTED AGAINST SUCH WORKER, OR OTHER CATASTROPHIC EVENTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	28a	29a	30a	31a	32
See Additional Data Table					
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
32 Total program service expenses (add lines 28a through 31a)					56,376

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LUCA BIANCONCINI	0 10	0	0	0
VICE PRESIDENT/SEC/ADMINISTRATION				
JIM DAVIS	0 10	0	0	0
DIRECTOR				
ANTONIA LINDAUER	0 10	0	0	0
DIRECTOR				
GARY FOX	20 00	5,720	0	0
PRESIDENT				
SHELLY YODER	0 10	0	0	0
DIRECTOR				
MARSHA LYNCH	0 10	0	0	0
DIRECTOR				
DAWN BIANCONCINI	0 10	0	0	0
VICE PRESIDENT/OUTREACH				
MELISSA RICHARDS-PERSON	0 10	0	0	0
DIRECTOR				
ALLISON STEMMLER	0 10	0	0	0
DIRECTOR				
DAN THOMAS	0 10	0	0	0
DIRECTOR				
KIMBERLIE THOMPSON	0 10	0	0	0
DIRECTOR				
ELIZABETH JENT	5 00	0	0	0
TREASURER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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)?		No
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
37b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 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		No
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ KY		
42a	The organization's books are in care of ▶ ORGANIZATION Telephone no ▶ (502) 220-4800 Located at ▶ 291 N HUBBARDS LN STE B26-266 LOUISVILLE, KY ZIP + 4 ▶ 40207		
42b	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)? If "Yes," enter the name of the foreign country ▶ _____		No
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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 47 No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 No
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a No
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A [X] Yes [] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: ***** Date: 2017-11-10
Type or print name and title: GARY FOX PRESIDENT

Paid Preparer Use Only Print/Type preparer's name: C DOUGLAS KOTTKE Preparer's signature: Date: 2017-11-10 Check [] if self-employed PTIN: P00463036
Firm's name: COMPTON KOTTKE & ASSOCIATES Firm's EIN: 61-1031917
Firm's address: 220 WEST MAIN STREET SUITE 2200 LOUISVILLE, KY 40202 Phone no: (502) 587-8851

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Additional Data

Software ID:

Software Version:

EIN: 45-3445756

Name: APRON INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TEMPORARY AND LIMITED FINANCIAL RELIEF TO PROFESSIONAL FOOD INDUSTRY WORKERS (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	56,376

**TY 2016 Transfers Personal Benefits
Contracts Declaration**

Name: APRON INC

EIN: 45-3445756

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE A
(Form 990 or 990EZ)

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
APRON INC

Employer identification number

45-3445756

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 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 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,299	11,868	12,453	16,199	23,813	73,632
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,855	29,112	40,896	48,876	71,343	205,082
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	24,154	40,980	53,349	65,075	95,156	278,714
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6)						278,714

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	24,154	40,980	53,349	65,075	95,156	278,714
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53	98	164	198	58	571
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	53	98	164	198	58	571
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	24,207	41,078	53,513	65,273	95,214	279,285
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.800 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99.720 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.200 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.280 %
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
APRON INC

Employer identification number

45-3445756

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DINING OUT (event type)	MAKERS MARK EVENT (event type)	3 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
Revenue	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|------------|--|---|
| 13a | | % |
| 13b | | % |
- a** The organization's facility
- b** An outside facility
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
APRON INC**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.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

45-3445756

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST AMOUNT 58

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HABERMAN GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/15/16 AMOUNT GIVEN 725

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME CAESAY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A ACTUAL CASH PAID METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/18/16 A MOUNT GIVEN 867

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME STITCH GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT A SSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/25/16 AMOUNT GIVE N 1,414

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME BAYNES GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID MEDICAL FOOD UTILITY METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/21/16 AMOUNT GIVEN 1,350

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME FURGESON GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/25/16 AMOUNT GIVEN 610

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME KONSTANTIDIS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID DEBT/RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/28/16 AMOUNT GIVEN 1,499

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME ASHCRAFT/VEST GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/25/16 AMOUNT GIVEN 1,600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME TURNER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT UTIL INS METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIF T 01/25/16 AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME WHITE GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE AC TUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/26/16 AMOUNT GIVEN 1,222

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME MEILILLO GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT UTIL INS METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/30/16 AMOUNT GIVEN 760

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME KINNAIRD GRANTEE RELATIONSHIP NO NE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 01/30/16 AMOUNT GIVEN 1,371

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME CARNEY/IRVIN GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT UTIL INS METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/02/16 AMOUNT GIVEN 2,453

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME TUTT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACT UAL CASH PAID RENT UTIL INS METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/04/16 AMOUNT GIVEN 850

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME MCMILLEN GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID MEDICAL EXPENSES METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/03/16 AMOUNT GIVEN 1,248

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME STONE GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE AC TUAL CASH PAID RENT & MEDICAL ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/03/16 AMOUNT GIVEN 1,122

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME BARRETT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID TRAVEL ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/06/16 AMOUNT GIVEN 870

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME SULLIVAN GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID LIVING ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/11/16 AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME JOHNSON GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID DEBT/RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/12/16 AMOUNT GIVEN 1,408

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME RERECICH GRANTEE RELATIONSHIP NO NE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 03/03/16 AMOUNT GIVEN 1,480

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME MOORE GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT AS SIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 03/17/16 AMOUN T GIVEN 800

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME BAILEY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 02/17/16 AMOUNT GIVEN 615

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME SARACO GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 04/24/16 AMOUNT GIVEN 1,499

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME EDDINS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT & MEDICAL ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DAT E OF GIFT 05/20/16 AMOUNT GIVEN 1,226

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME GRUBER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE O F GIFT 06/25/16 AMOUNT GIVEN 985

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME TINDAL GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE O F GIFT 06/17/16 AMOUNT GIVEN 1,462

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HAIRE GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE AC TUAL CASH PAID LIVING ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 07/07/16 AMOUNT GIVEN 995

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME KENNEY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT & MEDICAL ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DAT E OF GIFT 07/12/16 AMOUNT GIVEN 1,501

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME LUCKETT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 07/21/16 AMOUNT GIVEN 2,053

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME THOMAS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE O F GIFT 07/19/16 AMOUNT GIVEN 950

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME ELAM GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACT UAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 08/15/16 AMOUNT GIVEN 1,279

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME GARDNER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 09/12/16 AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HICKEY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A ACTUAL CASH PAID METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 09/16/16 A MOUNT GIVEN 900

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HARPER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 09/19/16 A MOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME NUNLEY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE O F GIFT 09/22/16 AMOUNT GIVEN 1,412

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME DICKERSON GRANTEE RELATIONSHIP N ONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 09/26/16 AMOUNT GIVEN 1,400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME TILLMAN GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID MEDICAL FOOD UTILITY METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 09/28/16 AMOUNT GIVEN 850

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HARCOURT GRANTEE RELATIONSHIP NO NE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 10/04/16 AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME SIEGEL GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE O F GIFT 10/06/16 AMOUNT GIVEN 1,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HALL GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACT UAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 10/10/16 AMOUNT GIVEN 1,350

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME WEST GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACT UAL CASH PAID DEBT/RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GI FT 10/14/16 AMOUNT GIVEN 1,354

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME MEYER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE AC TUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 10/17/16 AMOUNT GIVEN 1,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME SCHOTT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 11/01/16 AMOUNT GIVEN 600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HUFF GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACT UAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 11/10/16 AMOUNT GIVEN 878

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME XANDER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE O F GIFT 11/11/16 AMOUNT GIVEN 586

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME DOWNS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE AC TUAL CASH PAID MEDICAL FOOD UTILITY METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 11/24/16 AMOUNT GIVEN 139

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME STEWART GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE ACTUAL CASH PAID RENT ASSIST & UTIL METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 12/17/16 AMOUNT GIVEN 629

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME MANOCK GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT METHOD USED TO DETERMINE BOOK VALUE A CTUAL CASH PAID RENT ASSIST METHOD USED TO DETERMINE FMV ACTUAL CASH PAID DATE OF GIFT 12/26/16 AMOUNT GIVEN 1,050

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROGRAM SERVICE GRANTEE NAME HEIGHT GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH GAP LIVING SUPPLEMENT DATE OF GIFT 12/26/16 AMOUNT GIVEN 861 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 55,323

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION IT WEB EXPENSE AMOUNT 955 DESCRIPTION MISCELLANEOUS ACKNOWLEDGEMENTS AMOUNT 815 DESCRIPTION BOARD EXPENSES D&O AMOUNT 1,674 TOTAL TO FORM 990-EZ, LINE 16 3,444