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			Under section	on <b>501</b> (c)	), 527, or 4947(a)	(1) of the Intern	al Revenu	e Code (excep	t priva	ite foundat	ions	)	2017	
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Pa	ni.	Summar												
	1	Briefly descri	be the organization	on's missi	on or most signlfi	cant activities:	THE NO	N PROFIT	RAI	S PAROI	EE	A TRA	DE TO	
•		HELP THE	M BECOME USI	EFUL C	itizens.									
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ctivities	0		dependent voting					• • • • • •	• • •		4	<del> </del>	<del></del>	<u> </u>
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6102 Septing ON		Program sen	ice revenue (Pari	t VIII, line	2a)	berro.	://0.	" NA	L				209,	344
4	10	Program service revenue (Part VIII, fine 2g)								1		<del>_</del>		
Z	11	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, fine 2g)  investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												
2	12	Total revenue	- add lines 8 thro	ough 11 (r	nust equal Part V	iii, column (A), ii	ine 12)			199	, 08	2	209,	344
G	13		milar amounts pai						<del>,, .,, .,,</del>				<del></del>	0
	14	Benefits paid	to or for members	s (Part IX	, column (A), line	4)		[						0
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Expenses			fundraising fees (f		5	-	<i></i> .	· · · · ·				3		0
<u>ş</u>	1		ing expenses (Pa				-					<del>1</del>		
W.	17		es (Part IX, colum							105	_	·	92,	
	18		s. Add lines 13-1							205			199,	
	19	Kevenue less	expenses. Subtr	ract line 1	8 from line 12 .	• • • • • • • • •			<del></del>		, 70		10,	033
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For	n 990 (2017) A CUT ABOVE THE REST TRAINING FACILITY INC	45-5056726	Page 2
138	Itellia Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	•••••	· · · · · · · · · · · · · · · · · · ·
1	Briefly describe the organization's mission:		
	THE NON PROFIT TRAINS PAROLEES A TRADE TO HELP THEM BECOME USEFUL CITIZENS.		
		<del></del>	<del></del>
			·
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	R No
	If "Yes," describe these new services on Schedule Q.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 🖟	R No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses. Section 501(c)(3) and 601(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
			<del></del>
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	THE NON PROFIT TRAINS PAROLEES A TRADE TO HELP THEM BECOME USEFUL CITIZENS.	<del></del>	
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			*
4d	Other program services (Describe in Schedule O.)	·····	<del></del>
	(Expenses \$ including grants of \$ ) (Revenue \$		
40	Total program service expenses >		
£Λ	6	Form	990 (2017)
	••		

			Yos	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ,	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ŀ
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation essement, including essements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, fine 21, for escrow or custodial account liability, serve as a			<u> </u>
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	}		1
	debt negotiation services? If "Yes," complete Schedule D, Part IV		1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			_
••	andowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	46		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.	10	SEWA	X
• •	VII, VIII, IX, or X as applicable.			
_		16,12%	4.52	3.43
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		]	
	complete Schedule D, Part VI	11a	Х	
K	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		) 1	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Pert VII	116	<u></u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	•	1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u>-</u>	X
þ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			ļ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	120		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yea," complete Schedule G, Part II	18	- 1	X
9	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line \$2?			<del></del> -
	If "Yes," complete Schedule G, Part III	19	- 1	X
	<u> </u>		-	

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00-	Old the appealantian appeals and appeals are to ack the William of the American Catalantia		Yes	No.
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
~ b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		J.
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
44	Did the organization report more than \$5,000 of grants or other assistance to or for dornestic individuals on	-		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>_x</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or δ about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ا ا
044	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Annual Control of the			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		1
_	to defease any tex-exempt bonds?	24c	<b> </b>	L
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			j
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? if "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schadula L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		\$3.5	
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? if "Yes," complete Schedule L, Pert IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? if "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>x</u>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?# "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	l	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<del></del> -
	197 Note. All Form 990 filers are required to complete Schedule O.	38		x

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1s. Enter -0- If not applicable ...... Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, dkt the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 if "Yes," enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . Did any taxable party notify the organization that it was or is a party to a prohibited tex shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 72.7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 92 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 ..... Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net aimounts due or paid to other sources against amounts due or received from them.) ............. 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. te the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 148 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI			.0
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			3.5
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			\$1.5\
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	]		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	·	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		<u> </u>
	one or more members of the governing body?	7a		Х
b				<del>  ^^</del>
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	320	THE SECTION OF THE PERSON OF T	
•	the year by the following:			
_	The governing body?	342.20	6 V 6 V 6 V 6	387,347
44	- · · · · · · · · · · · · · · · · · · ·	83	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
8	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		'	۱
ė	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yee	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<b>400</b>	180
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	122		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous automatistion of the deliberation and decision?		V	
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).	3576	S#6	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		200	
	with a taxable entity during the year?	16a	112 112	X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	300	22	35
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	. 44. 44	Albert Service
lac	tion C. Disclosure	100		
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			*****
-	available for public inspection. Indicate how you made these available. Check all that apply.			
۵	- · · · · · · · · · · · · · · · · · · ·			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
<b>W</b>	financial statements available to the public during the tex year.			
,	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JUANIDA PITTS (256) 690-4787, 1601 DEWEY ST, MONTGOMERY, AL 36104			

Form 990 (20	17) ACUT ABOVE THE RE	ST_TRAIM	ing_i	FAC:	I.L.I	TT.	INC		and the factor of the last of	45-50567	2.6
RanVII	Compensation of Officers, Direc	tors, Trus	tees,	Ke	y E	m	oloye	98	, Highest Com	pensated Em	ployees, and
	Independent Contractors				•	_	-				
	Check if Schedule O contains a response o	r note to any	ine in t	his F	art '	VII					
Section A.	Officers, Directors, Trustage, Key Employ									·····	
1a Complete organization's	this table for all persons required to be listed. tax year.	Report compe	ensatio	n for	the	cale	indar y	year	ending with or wit	nin the	
<ul> <li>List all o compensation.</li> </ul>	f the organization's current officers, directors Enter -0- in columns (D), (E), and (F) if no or	i, trustees (wh empensation v	ether ii vas pai	ndivi id.	idual	s or	organ	izat	lons), regardiess o	f amount of	
<ul> <li>List alt o</li> </ul>	f the organization's current key employees, it	i any. See insi	truction	s for	r defi	initio	on of "	key (	employee."		
who received	organization's five current highest compensel reportable compensation (Box 6 of Form W-2 nd any related organizations.										
● List all o \$100,000 of re	f the organization's former officers, key emploportable compensation from the organization	oyees, and hij and any relat	ghest c ed org	omp aniz:	ensi atior	ated 15.	empk	yee	s who received m	ore than	
<ul> <li>List all o organization, n</li> </ul>	f the organization's former directors or true nore than \$10,000 of reportable compensatio	tees that race in from the org	ived, ir janizati	n the	cap	acit	y as a elated	forr Lorg	ner director or trus janizations.	tee of the	
compensated	the following order: Individual trustees or dire employees; and former such persons. : box if neither the organization nor any relate				ated	tritA		-		ustee.	
	(A)	(E)	ido a		Por	C) Mon			(0)	(E)	(F)
	Name and Title	Average hours per week (fist any	box,	unice	s per	nore then one reon is both an fractor/trustee)			Reportable compensation from	Reportable compensation from related	Estimated attracts of other
		hours for							the	organizationa	compensation
		related organizations below clotted (iner)	Individual Europe or director	MARCOCCUM STATES	Unice	cay amproyee	Highest compensation employee	- omer	organization (W-2/1099-MESC)	(W-2/1089-MISC)	from the organization and related organizations
(1) ASHLEY CHAIRMO		10.00			X					0	. 0_
(2) JUANIDA EXECUTI	PITTS VE DIRECTOR	10.00			X					0	0
(3) GINGER	Bernstine	1.00		$\neg$							
BOARD M	ember				X					0	0
(4) MARGIE		1.00		ľ	x						
HOARD M	KMBKK	3 7	, I		XI			1	i (		. 0

•	hours per week (fist eny	officer and a director/trustee)						compensation from	compensation from related	emount of other compensation	
	hours for related organizations below dotted line)	or director	the argumentation (w.2/1099-MISC)			organizations (W-2/1089-MISC)	from the organization and related organizations				
(1) ASKLEY PITTS CHAIRWOMAN	10.00			×				(	0	. 0	
(2) JUANIDA PITTS EXECUTIVE DIRECTOR	10.00			X					0	0	
(3) GINGER BERNSTINE BOARD MEMBER	1.00			X					0		
(4) MARGIE CROOK BOARD MEMBER	1.00			Х				Ç	0	0_	
(5) BRAD HOWARD BOARD MEMBER	1.00			X				(	0	0	
(6) SUSAN DUNCAN SECRETARY	10.00			X					0	0	
(7) JESSE WHITE TREASURER	10.00			Х				(	0	0	
(8)					·						
ØL											
(10)		·									
(19)											
(12)											
(13)											
(19)											

(A)	(A)	(C)		
Name and business address	(a) Description of services	(C) Compensation		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Federated campaigns . . . . . . . 1a Confributions, Gifts, Grants and Other Similar Amounts Fundralsing events ...... 16 Related organizations 1d Government grants (contributions) . . 1e f Alt other contributions, gifts, grants, and similar amounts not included above 11 209,344 Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f ...... 209.344 All other program service revenue . . . . . . Total. Add lines 2a-2f Investment income (including dividends, interest, Income from investment of tex-exempt bond proceeds 8a Gross rents ..... b Less: rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) ..... d Net gain or (loss) . . . . . . . . . . . . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, fine 18 . . . . . . . . . . . . b Less: direct expenses . . . . . . . b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. b Less: direct expenses ..... b c Net Income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowences . . . . . b Less: cost of goods sold . . . . . . . . b c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business** Code 11a d Alf other revenue . . . . . . 1.00 e Total. Add lines 11a-11d Total revenue. See instructions 209,344

Form 990 (2017)

A CUT ABOVE THE REST TRAINING FACILITY INC.

PRICE STATEMENT OF FUNCTIONAL EXPENSES

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other orga	anizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Dσ	not include amounts reported on lines 6b, 7b,	" (A)" Talai expenses	(B) Progrem service	(C) Management and	(D) Fundralaing
8b,	9b, and 10b of Part VIII.	(des expenses	expensor	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			257.584 to 558.6	
2	Grants and other assistance to domestic		l		
	individuals. See Part IV, Ilne 22		<u> </u>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals. See Part IV, lines 16 and 16				
4	Benefits paid to or for members			35-Y 242 BW 2000	
5	Compensation of current officers, directors,	ļ		Ì	
	trustees, and key employees				
5	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		<b>]</b>		1
	persons described in section 4958(c)(3)(B)		<b></b>	<u></u>	<del></del>
7	Other salaries and wages	106,337	106,337		<del></del>
8	Pension plan accruals and contributions (include		ļ		
	section 401(k) and 403(b) employer contributions)				ļ
9	Other employee benefits				ļ
10	Payroll taxes				
11	Fees for services (non-employees):			1	
9	Management		<b>.</b>		
Þ			ļ		
C	Accounting	<b></b>		ļ	<del></del>
d	Lobbying	ļ <del></del>	DESCRIPTION OF THE PARTY OF THE		
	Professional fundraising services. See Part IV, line 17		THE REPORT OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN CO	2562325530000000000000000000000000000000	
f	investment management fees	<del></del>			<del> </del>
g	• • • • • • • • • • • • • • • • • • • •				
	(A) amount list line 11g expenses on Schedule O.)	7,182	7,182	<u> </u>	
12	Advertising and promotion			<del> </del>	<del> </del>
13	Office expenses	4,594	4,594		<del> </del>
14	Information technology		<del> </del> -		<del> </del>
15	Occupancy				<del> </del>
16 17	Travel	50 475	10 485		<del> </del>
17 18	Payments of travel or entertainment expenses	12,475	12,475	<u> </u>	<del> </del>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<del></del>	
20	Interest		<del> </del>	<del></del>	<del> </del>
21	Payments to affiliates	<del></del>			<del> </del>
22	Depreciation, depletion, and amortization		<del> </del>		<del></del>
23	Insurance	322	322		<del> </del>
24	Other expenses. Itemize expenses not covered	AMAGINATINE PORTO	35.5	NASTONAL TYPE	700001931930 STEERING
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, ilst line 24e expenses on Schedule O.)				
_	TOOLS AND EQUIPMENT	16,417	16,417	(113) 1-15 (20-10) 1-15 (113)	Constanting Control of the Control o
ь	STIPEND AND ALLOWANCE MOBILE	38,335	38,335		<del> </del>
G	UTILITIES AND PHONES	10,934	10,934	<del> </del>	<del> </del>
d	LOANS AND CC	2,715	2,715		<del> </del>
	All other expenses	4,723	2,115	<del></del>	<del> </del>
25	Total functional expenses. Add lines 1 through 24e .	199,311	100 911	O	<del></del>
28	Joint costs. Complete this line only if the	733,37T	199,311	ļ	0
	organization reported in column (B) joint costs:		j	1	
	from a combined educational campaign and		1		
	fundraising solicitation. Check here			l	

Page 11

<u> </u>		Charle if Cahadrala O cantalana a space and a special in this Doct V	······································		70
		Check if Schedule O contains a response or note to any line in this Part X	(A)	<del>; ; ;</del>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	247	1	5,138
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ł	trustees, key employees, and highest compensated employees.			200 Tarrey North
	1	Complete Part II of Schedule L		6	
	6	Loans and other receivables from other disqualified persons (as defined under section		2.	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	}	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		P/43	
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
7	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		2013	
	ļ	other basis. Complete Part VI of Schedule D 10a 252,100			
	Ь	Less: accumulated depreciation 10b	252,100	10c	252,100
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	<del></del>	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	252,347	18	257,238
	17	Accounts payable and accrued expanses	247	17	5,138
	18	Grants payable		18	0/250
	19	Deferred revenue		19	
	20	Tax-exempt bond fiabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
-	22	Loans and other payables to current and former officers, directors,	33545 T 00 5745 W	<b>V</b>	
ğ		trustees, key employees, highest compensated employees, and		13.	
Liachtfries		disqualified persons. Complete Part II of Schedule L	Association for the artists and dis	22	Physics (Bernamet propil) (consideration)
	23	Secured mortgages and notes payable to unrelated third parties		23	
i	24	Unsecured notes and loans payable to unrelated third parties	-	24	79,200
	25	Other flabilities (including federal income tax, payables to related third		<del></del>	73,200
- 1		parties, and other fiabilities not included on fines 17-24). Complete Part X		Ì	
		of Schedule D	1	26	
1	28	Total flabilities. Add lines 17 through 25	247	26	84,338
		Organizations that follow SFAS 117 (ASC 958), check here   □ and		200	
_		complete lines 27 through 29, and lines 33 and 34,			
8	27	Unrestricted net assets	Comments Programmed a standard for so.	27	and married in state of the sta
臺	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets	<u> </u>	20	
١		Organizations that do not follow SFAS 117 (ASC 958), check here		780	
Ľ,		complete lines 30 through 34.			
اق	30	Capital stock or trust principal, or current funds	A. C. Cantillantining Cor. pages	30	Alexandrate of the Control of the Section Sect
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
≨		Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	<b></b>
<b>z</b>		Total net assets or fund balances	0	33	0
- 1		Total liabilities and nat seseta/fund belances	247	34	94 220

	1990 (2017) A CUT ABOVE THE REST TRAINING FACILITY INC	45-5056726	Page 12
Pa	rt XII Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		209,344
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	199,311
3	Revenue less expenses. Subtract line 2 from line 1	. 3	10,033
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4	
5	Net unrealized gains (losses) on investments	. 5	
8	Donated services and use of facilities	. 6	
7	Investment expenses	7	
8	Prior parlod adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	0_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	. 10	10,033
Pa	rt XIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any fine in this Part XII		
	· · · · · · · · · · · · · · · · · · ·		Yes No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accruel 🛄 Other	h	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ŝ	
	Schedule O.	8	
25	Were the organization's financial statements compiled or reviewed by an independent accountant?	<b></b> <u>.</u>	2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis	3	
b	Were the organization's financial statements audited by an independent accountant?		26 X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:	i i	
	Separate basis Consolidated basis Both consolidated and separate basis		
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c
	if the organization changed either its oversight process or selection process during the tax year, explain in	3	
	Schedule O.	Ş	
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	<i></i>	3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ī	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	l	3b
E A			orn 996 (2017)

1 A . . .

## **Public Charity Status and Public Support** SCHEDULE A

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.

2017

Employer Identification number

OMB No. 1545-0047

(Form 990 or 990-EZ) Deperiment of the Treasury Internal Revenue Service Name of the organization

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

AC	UT	ABOVE THE REST TRAINING	FACILITY INC	;			45-505672	26		
P	rt 1	Reason for Public Charit	y Status (All o	rganizations must co	omplete	this part	) See instruction	8.		
The	orga	nization is not a private foundation bed	=	•		•				
1	Щ	A church, convention of churches, o								
2	Щ	A school described in section 170(t		•	_	-				
3	Ц	A hospital or a cooperative hospital	service organizatio	n described in section 1	70{b}(1)(A	<b>)(III).</b>				
4	Ш	A medical research organization op-	erated in conjunction	on with a hospital describ	ed in <b>sec</b> t	ion 170(b)	(1)(A)(iii). Enter the			
	_	hospital's name, city, and state:								
5	Ц	An organization operated for the ben	_	university owned or opera	ated by a g	jovernmeni	lal unit described in			
	$\Box$	section 170(b)(1)(A)(iv). (Complete	•							
6	닕	A federal, state, or local government	_							
7	X									
_	П	described in section 170(b)(1)(A)(v	• •	•						
8	Н	A community trust described in sect		-			أأمم فمحس انتما ماكن	•••		
9	u	An agricultural research organization				_		ege		
		or university or a non-tand-grant colli	age or agriculture (	see instructions). Enter in	e name, ci	ty, and said	e of me conede of			
10		University:	or /1\ mare than 9	9 4/994 of the summer from	المرادات والمراد		ambia face and root	•		
10		An organization that normally receive receipts from activities related to its						••		
		support from gross investment incom		-		-				
		acquired by the organization after Ju		_			IOI I DOSTIOSADA			
11	П	An organization organized and open	• •		-	-				
12	ō	An organization organized and opera	_	-				ės.		
	_	of one or more publicly supported or								
		Check the box in lines 12a through 1	_							
	a	Type I. A supporting organization				-				
		the supported organization(s) the	-	•		_		•		
		supporting organization. You me								
	b	Type II. A supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted orga	enization(s), by havin	g		
		control or management of the su						_		
		organization(s). You must com	piete Part IV, Seci	tions A and C.						
	C	☐ Type III functionally integrated	I. A supporting org	anization operated in co	nnection w	ith, and fu	nctionally integrated	with,		
		its supported organization(s) (se	e instructions). Yo	u must complete Part l'	V, Section	is A, D, ar	nd E.			
	đ	Type ill non-functionally integ	rated. A supporting	g organization operated i	n connect	ion with its	supported organizat	ion(s)		
		that is not functionally integrated.	The organization	generally <b>must satisfy a</b> d	<b>istribution</b>	requiremen	nt and an attentivenes			
		requirement (see instructions). Y	•	<u>.</u>	•					
	0	Check this box if the organization				a Type I,	Type II, Type III			
	_	functionally integrated, or Type II	•	n <b>tegrated supporting org</b> a	anization.			<del> </del>		
		Enter the number of supported organ		• • • • • • • • • • • •	• • • • •	• • • • •	• • • • • • • • •	• • • • •		
		Provide the following information abo								
	(1)	Name of supported arganization	ļ (II) EIN	(III) Type of organization (described on lines 1-10		rgenization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
			) j	}	Yes	No				
		······································	· ·		100	140		***************************************		
<b>(A)</b>			;		1					
	_				<del></del>					
(B)	9)									
(C)				,	l					
/P\										
(D)										
(E)	F)									
	.,			Page light of the same and the same	and the same of	Electric 1 200				
Total		· · · · · · · · · · · · · · · · · · ·		ALC: THE REAL PROPERTY.	THE REAL					

45-5056726

A CUT ABOVE THE REST TRAINING FACILITY INC

Schedule A (Form 990 or 990-EZ) 2017 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, or 8 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 (d) 2016 Calendar year (or fiscal year beginning In) > (a) 2013 (b) 2014 (c) 2015 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 98,078 199,082 209,344 506,504 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . . 98,078 199,082 209,344 506,504 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) . . . . Public support. Subtract line 5 from line 4 . 506,504 Section B. Total Support Catendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2018 (e) 2017 (f) Total 98,078 199,082 209,344 506,504 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business Other income. Do not include gain or loss from the sale of capital assets Total support. Add lines 7 through 10 . 11 506,504 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) ▶ [] Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 100.00 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the trox 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 b 33 1/3% support test - 2016. 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 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 18a, 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 b 10%-facts-end-circumstances test - 2016. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

45-5056726

Schedulo A (Form 990 or 990-EZ) 2017 A CUT ABOVE THE REST TRAINING FACILITY INC

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.)

Sa	ction A. Public Support	luamy under m	e tests listed of	slow, please co	ompiete Partir	· <del>)</del>	<del></del>
_	endar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2018	(d) 2016	(e) 2017	(f) Total
1	Gilts, grants, contributions, and membership fees		\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	107=3.0	14/3333		
•	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues lavied for the organization's benefit and either peld to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	3					
6	Total. Add lines 1 through 6	ų.					
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified paraons						
•	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						
C	Add lines 7s and 7b	TO THE STREET,					
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	,					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	~					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses sequired after June 30, 1975						
C	Add fines 10a and 10b					J	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly certied on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	:1		•			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first,	second, third, four	h, or fifth tex year	as a section 501	(c)(3)	▶ □
~~~	tion C. Computation of Public Su	pport Percent	age			<del></del>	
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by		· <del>-</del>	• • • • • • • •		- %
	•					.   16	%
	Public support percentage from 2016 Schedu			• • • • • • • • • • • • • • • • • • • •			
Sec	Public support percentage from 2016 Schedution D. Computation of Investmen	nt Income Per	centage				4/
Sec 17	Public support percentage from 2016 Scheduction D. Computation of Investment Investment Income percentage for 2017 (line	<b>nt income Per</b> e 10c, column (f) d	<b>centage</b> Ivided by line 13, o	column (f))		17	<u>%</u>
17 18	Public support percentage from 2016 Scheduction D. Computation of Investment Income percentage for 2017 (line Investment Income percentage from 2016 St. 33 1/3% support tests - 2017. If the organization of the properties is a support test of the properties of the	nt Income Pen e 10c, column (f) d chedule A, Part III, zation did not ched	<b>centage</b> Ivided by line 13, ( , line 17	column (f))	nore than 33 1/39	17 18 6, and line	% %
560 17 18 19a b	Public support percentage from 2016 Scheduction D. Computation of Investment Income percentage for 2017 (line Investment Income percentage from 2016 Scheducture)	nt Income Per e 10c, column (f) d checule A, Part III, zation did not chec and stop here. The zation did not chec box and stop here	centage livided by line 13, ( , line 17	eclumn (f))  4, and line 16 is natifies as a publicior line 19a, and in qualifies as a pu	nore than 33 1/39 y supported organ ne 16 is more tha blicly supported o	17 18 6, and line nization	* ····▶□