Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending DEC 31, 2016

Open to Public Inspection

В	heck if	C Name of organization		D Employer identific	cation number						
Γ_	Addre	8200-8300 FRANKLIN BLVD									
늗	chang Name			46-0	946885						
<u></u>	_ chang Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
Γ-	Final	7912 MADICON AVE	nooniisule		961-9690						
<u> </u>	return- term⊪ ated			G Gross receipts \$	56,727.						
Г	Amen	ded CIPARIAND OU AA102 A056		H(a) Is this a group re							
Γ-	Application			for subordinates? Yes X No							
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in							
Ti	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	-4 ` `	list (see instructions)						
		te: N/A		H(c) Group exemption							
		organization: X Corporation	L Year		State of legal domicile; OH						
	irt I	Summary									
a)Ce	1 Briefly describe the organization's mission or most significant activities PROVIDING LOW-INCOME HOUSING TO THE PUBLIC.										
Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.						
Š.	3	Number of voting members of the governing body (Part VI, line 1a)		3	_ 13						
	4	Number of independent voting members of the governing body (Part VI, line 1b)	-	4	13						
Activities &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)	-	5	0						
įţį		Total number of volunteers (estimate if necessary)		6	13						
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
				Prior Year	Current Year						
•	8	Contributions and grants (Part VIII) line 16)	L	54,829.	25,118.						
Revenue	9	Program service revenue (Part VIIII line 2g)	<u> </u>	24,061.	12,410.						
ě	10	Investment income (Rart VIII, column (A), lines 3, 4, and 7d)	<u> </u>	6.	2.						
•	11	Other revenue (Part Vill colunt VA), in es 2 (60, 8c, 90, 10c, and 11e)		329.	19,197.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		79,225.	56,727.						
		Grants and similar amounts paid (Part XX column: (A), lines 1-3)	<u> </u>	0.	0.						
	14	Benefits paid to or for members (Rand X. column) (A) Jiné 4)	<u> </u>	0.	0.						
es.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	19,127.	9,066.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.						
Š		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	06.004	54 064						
- "		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	86,831.	51,061.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	 	105,958.	60,127.						
	19	Revenue less expenses. Subtract line 18 from line 12		-26,733.	-3,400.						
ets or lances			<u>B</u>	eginning of Current Year	End of Year						
SSE	20	Total assets (Part X, line 16)	}-	549,724.	542,649.						
Net Ass	21	Total liabilities (Part X, line 26)	<u> </u>	21,090.	17,415.						
륹	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		528,634.	525,234.						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ents and to the hest of my	knowledge and helief it is						
		t, and complete. Aeclaration of preparer (other than officer) so based op all information of w			Kilowicaye and belief, it is						
1.00,	001100	y and complete good and or prepared (constitution of the	men preparei	11/12	117						
Sigr	,	Signature of officer		Date	/ 						
Here		IRENE COLLINS, EXECUTIVE DIRECTOR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		HEIDI FERGUSON HEIDI FERGUSON		09/25/17 self-employ	P00410007						
Prep		Firm's name GILMORE JASION MAHLER, LTD		Firm's EIN	34-1827159						
Use	Only	Firm's address 1715 INDIAN WOOD CIRCLE, STE. 10	00								
		MAUMEE, OH 43537		Phone no. 4 1	9-794-2000						
Мау	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No						
	1 11-1		ons.		Form 990 (2016)						

	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 NONE			
 2	Did the organization undertake any significant program services during the year which were not listed on the			
_	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,			d
4a	revenue, if any, for each program service reported. (Code) (Expenses \$ 37,190 . Including grants of \$) (Revenue PROVIDING LOW-INCOME HOUSING	\$	13,9	45.
				
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$		
	(Code) (Expenses \$ including grants of \$) (Revenue	. \$		
4d				
	(Expenses \$ including grants of \$) (Revenue \$			

Form **990** (2016)

Form 990 (2016) 8200-8300 FRANKLIN BLVD
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
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		X
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			}
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV .	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		,	l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		₃ ,-	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١		.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
_	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	^	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115	х	1
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		-
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	 ^ -	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	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		х
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	L	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L_	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	L	X
		_		_

Form 990 (2016) 8200-8300 FRANKLIN BLVD
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ì	1	Ì
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	l	Į	ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K If "No", go to line 25a	24a		
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	Ì		Ì
	complete Schedule L, Part II	26		Х
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			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ļ
_	instructions for applicable filing thresholds, conditions, and exceptions)			X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	 	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x ·
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	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١.	٠,	
	Part V, line 1	34	X	1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	1	1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
30	•	20		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	1
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	†	† <u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2016)

14a

14b

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

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

8200-8300 FRANKLIN BLVD 46-0946885 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No_ 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

44102

IRENE COLLINS - (216)961-9690 7812 MADISON AVE, CLEVELAND,

20

Form	QQA	(2016)	

8200-8300 FRANKLIN BLVD

46-0946885

Page 7

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

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

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

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

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

Check this box if neither the organization nor any related (A) (B)									(D)	(F)		
	Name and Title	Average	(C) Position						Reportable	Estimated		
	Name and The	hours per	(do box	not ci	necki ssper	more 'son i	than d s both	ne an	compensation	Reportable compensation	amount of	
		week					r/trus		from	from related	other	
		(list any	cţo			Į.		ı	the	organizations	compensation	
		hours for	or dire	بها		1	Ē		organization	(W-2/1099-MISC)	from the	
		related	stee	ruste			ens:		(W-2/1099-MISC)		organization	
		organizations below	la Ti	lonal		ploye	moo aa				and related organizations	
		line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) I	ENNIS MORTON	0.00	=	- -	0	_~	Ξø	-				
PRESI	ENT	2.00	х		X	1	·		0.	0.	0.	
(2) I	OUGLAS SHELBY	0.00										
SECRET	ARY	2.00	X		X				0.	0.	0.	
(3) I	R ELISE JANCURA	0.00							Ţ <u></u>			
BOARD	MEMBER	2.00	X			<u>L</u>			0.	0.	0.	
(4) F	ATRICK CARNEY	0.00										
TREASU		2.00	X		X				0.	0.	0.	
	HERESE SWEENEY DRAKE	0.00		ļi							_	
	MEMBER	2.00	X	_		<u> </u>	$oxed{oxed}$		0.	0.	0.	
	ICHELE SOMMERFELT	0.00							į	_	_	
	MEMBER	2.00	X	<u> </u>		L	<u> </u>		0.	0.	0.	
	ARSHA HOUSTON	0.00			}							
	MEMBER	2.00	X		_		_		0.	0.	0.	
	ARK DODDS	0.00			ŀ	١	\					
	MEMBER	2.00	X	<u> </u>	<u> </u>	├-	-		0.	0.	0.	
	OHN MARK TICHAR	0.00	,,	1	ì		\		<u> </u>	o.		
	MEMBER	2.00	X	\vdash		⊢	⊢		0.	<u> </u>	0.	
	OSHUA E, LEVIN MEMBER	2.00	x]		1		0.	0.	0.	
	AVON WRIGHT		^	-	<u> </u>	├	├	_	ļ 		·	
	MEMBER	2.00	x		l		l		0.	0.	0.	
	USAN LICCIARDI	0.00	^	-	├─	\vdash	├	├─	 			
	MEMBER	2.00	x			l			0.	0.	0.	
	AMES GREEN	0.00	-	-	┢	╁	\vdash	┢	 	-		
BOARD		2.00	x						0.	0.	_0.	
	LAINE GIMMEL	0.00	-		\vdash	一	t -	├─				
CHIEF	OPERATING OFFICER	50.00	1		x	l			0.	119,959.	18,766.	
	HRISTOPHER WEST	0.00		\vdash		T	T	_				
DIRECT	OR OF FINANCE	50.00	1		x	1	1		0.	85,819.	19,263.	
(16) I	RENE COLLINS	0.00		Г			П					
EXECUT	IVE DIRECTOR	50.00	L	L	х		L		0.	165,640.	14,343.	
			Γ		I							
				1	l		1	l				

Part VI	Section A. Officers, Directors, Trus	tees, Key Emr	loy	ees,	and	1 Hi	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(6	C)			(D)	(E)		(F)	
	Name and title	Average	۱,,,		Pos				Reportable	Reportable		Estimated	
		hours per					than o		compensation	compensation	n	amount of	
		week					or/trus		from	from related		other	
		(list any	į		l				the	organizations	3	compensatio	on
		hours for	ë	l	l		- E		organization	(W-2/1099-MIS		from the	
		related	56 Oc	stee	l		nsate		(W-2/1099-MISC)	,	´	organization	n
		organizations	trast	l 릁	l	_{&}	E .		1 `		- 1	and related	
		below	gal	to the	L	율	S st	ೄ				organization	ıs
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				•	
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1b Sul			_			_			0.	371,41	8	52,37	2
	•								0.	3/1,41	0.		0.
c Tot	al from continuation sheets to Part VI	I, Section A								354 41			
<u>d</u> Tot	al (add lines 1b and 1c)								0.	371,41	<u>.8.</u>	52,37	<u>2.</u>
2 Tot	al number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wh	o re	eceived more than \$100,	000 of reportable	1		
con	npensation from the organization												0
												Yes I	No
3 Did	the organization list any former officer,	director or tr	·cto	~ L.		mnle		0.	highest componented or	molovee en	l s		
			ısıe	e, Ke	ey er	прк	byee.	, Or	nignesi compensated ei	ripidyee on	2		
	1a? If "Yes," complete Schedule J for s										-		<u>Χ</u>
	any individual listed on line 1a, is the su	•							•	he organization	Ē		#12 -
and	l related organizations greater than \$150	0,000? If "Yes,	, " CC	mpl	ete .	Sch	edule	e J 1	for such individual		L	4 X	
	any person listed on line 1a receive or a									dual for services	¥	1 Company 1	بالمراق
	dered to the organization? If "Yes." com	•				•			· ·		- 1	5	X
	B. Independent Contractors	PICTO OF ICOM	<u> </u>	<i>-1</i> 3		J-G/13			-				_
			10-		n+ -	a=+-				100 000 -4		on from	
	mplete this table for your five highest co	•	•							•	rensati	OII IIOIN	
the	organization. Report compensation for	the calendar y	ear (endı	ng v	/ith	or w	thin	the organization's tax y	ear			
	(A)								(B)	Į	_	(C)	
	Name and business	address	N	ON:	E				Description of s	ervices	Cc	mpensation	
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	al number of independent contractors (i	•	ot lı	mıte	d to	tho	se lis	sted	above) who received m	ore than			
\$10	0,000 of compensation from the organi	zation 🕨					0						
												~~~	

Check if Schedule O contains a response or note to any line in this Part VIII  (A) Total revenue  (B) Related or exempt function revenue  (C) Unrelated business revenue  (C) Revenue (From tax section from tax s	xcluded under
to the first state of the first	
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and	
c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and	
d Related organizations  Graph Government grants (contributions)  f All other contributions, gifts, grants, and	
e Government grants (contributions)  f All other contributions, gifts, grants, and	
f All other contributions, gifts, grants, and	
ਤੌਰ similar amounts not included above   1f	
g Noncesh contributions included in lines 1a-1f \$	'
8 h Total. Add lines 1a-1f	
Business Code	
DESTRUCT TAXON MINISTER FOR 140 440 40 440	
c	
B B B B B B B B B B B B B B B B B B B	
2 a RENTAL INCOME TENANT 531110 12,410. 12,410.	
f All other program service revenue	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and	
other similar amounts)	2.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents	
b Less rental expenses	ı
c Rental income or (loss)	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory	
b Less cost or other basis	
and sales expenses	
c Gain or (loss)	
d Net gain or (loss)	-
8 a Gross income from fundraising events (not	
including \$ of	
contributions reported on line 1c). See	
Part IV, line 18  b Less direct expenses  b	
b Less direct expenses	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19	
b Less direct expenses b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances a	
b Less cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	
	873.
b OTHER TENANT INCOME 531110 1,535. 1,535.	<u> </u>
c OTHER INCOME 900099 789.	789.
	<u>, u , </u>
d All other revenue	
d All other revenue	
e Total. Add lines 11a-11d ► 19,197.	664.

Form 990 (2016) 8200-8300 FRANKLIN BLVD
Part IX Statement of Functional Expenses

Do not include amounts reported on times 60, 78, 86, 98, and 100 of Part VIII or 101al expenses Program service reportings and demanstal generations of the sestimation of the resultance to domestic individuals. See Part IV, line 21 or 30 or 3	Sec	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
Comparison to different sesteration of seep referent sesteration seed of seep referent sesteration seed of seep referent sesteration seep referent sesteration seed of seed refe					(C)	(D)
1 Gloths and other assistance to demestic organizations and domestic operaments, See Part IV, line 22 Grants and other assistance to domestic midwidush. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 18 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of uncluded above, to disqualified persons (as selfined under section 4950(19) and persons discretion in section 4950(19) and persons discretion activated activat			Total expenses	Program service	Management and	Fundraising expenses
and domestic governments. Ser Part IV, Inc 21 Grafits and other assistance to domestic individuals. See Part IV, Inc 22 Grafits and other assistance to domestic individuals See Part IV, Inc 22 Grafits and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, Inc 21 Grafits and other organizations of current officers, directors, truutes, and to or for members  Compensation not included above, to disqualified persons described in section 4958(c)(3)(8)  Other salizance and wages  Person plan accrusia and contributions (include section 40(iv), and 40(8)) employer contributions  1, 655. 1, 473. 182. 19-avoid taxes  Payord taxes  1, 655. 1, 473. 182. 19-avoid taxes  19-avoid taxes  19-avoid taxes  2, 940. 2, 940. 2, 940. 3, 494. 405. 405. 405. 405. 405. 405. 405. 40				CAPCHIOCO	gonorar expenses	)
2 Grants and other assistance to domestic individuals. See Part IV. Inc 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign endividuals See Part IV. Inc 51 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of unclude dealows, to disqualified persons (as defined under section 4958(t)(1)) and persons distorable an escene 4958(t)(1) and persons distorable and escene 4958(t)(1) and persons distorable and escene 4958(t) and 4951(t) and 4951(t) employee contributions (include section 401(t) and 4951(t) employee contributions) 407. 340. 67. 1,655. 1,473. 182. 19-27 and 1,439. 98. 19-27 and 1,439. 98. 19-27 and 1,439. 98. 19-28 and 1,439. 98. 19-29 and 1,439. 98. 19-20 and 1,439. 98.		· 1				
3 Grants and other assutance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16  4 Benefits past to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation for michided above, to disqualified persons (as defined under section 4958(f)(1)) and persons discribed in section 4958(f)(1) and 493(b) employer contributions 9 Other employee benefits 1 Fees for services (con-employees) 2 Payroll taxes 1 Fees for services (con-employees) 3 Management 2 Legal 2 1940. 2 Legal 3 792. 3 435. 98. 1 Fees for services (con-employees) 4 Logal 4 Lobbying 5 Professional fundaising services. See Part IV, line 17 6 Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g sepsies on Sch Q) 1 Adventising and promotion 1 Office expenses 1 Feynments of travel or entertainment expenses for any federal, state, or local public officials 1 Feynments of travel or entertainment expenses for any federal, state, or local public officials 2 Depreciation, depletion, and emoritzation insurance 2 Other expenses Interiors expenses and covered above. (List micellengous expenses in line 24e, Illing 24e amount exceeds 10% of line 25, column (A) amount, list line 11g and promotion 2 Advanced to the college of the coll	2	· · · · · · · · · · · · · · · · · · ·		-		
organizations, foreign governments, and foreign individuals See Part N, line of See See See See See See See See See Se		ındıvıduals. See Part IV, line 22				
Individuals See Part IV, lines 15 and 16   Benefits paid to or for members	3	Grants and other assistance to foreign	-			
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persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(B)  7 Other salance and wages 8 Penson plan accruels and contributions (include section 4016) and 4030 pensoper contributions) 9 Other employee benefits 1,655. 1,473. 182. 10 Payroll taxes 537. 439. 98. 11 Fees for services (non-employees) 2,940. 2,940. 2,940. 19,850. 10 Legal 7,92. 792. 11 Accounting 12 Lobbying 13 Cherry (Iffe 1) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 14 Advertising and promotion 15 Royathies 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings linterest 20 Other (Iffe in 25, column (A) amount, ist line 24e expenses on Sch 0.) 20 DUES AND SUBSCRIPTIONS 42. 309. 209. 209. 209. 209. 209. 209. 209. 209.						
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7 Other salaries and wages   6,467.   5,299.   1,168.       8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   407.   340.   67.     9 Other employee benefits   1,655.   1,473.   182.     10 Payroll taxes   537.   439.   98.     11 Fees for services (non-employees)   2,940.   2,940.     a Management   2,940.   2,940.   792.     c Accounting   19,850.   19,850.     d Lobbying   Professional fundratising services. See Part IV, line 17     Investment management fees   9 Other (Iffine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   19.   16.   3.     2 Advertising and promotion   30 Office expenses   997.   368.   629.     10 Information technology   19,154.   19,154.     17 Travel   7 Travel   84.   84.     18 Payments of travel or entertainment expenses for any federal, state, or local public officials   23.   20.   3.     10 Interest   23.   20.   3.     10 Interest   24.   23.   20.   3.     10 Interest   24.   24.   24.   24.     10 Interest   24.   24.   24.   24.     10 Interest   24.   24.   24.   24.   24.     10 Interest   24.   24.   24.   24.   24.   24.     10 Interest   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24.   24		****				
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section 401(k) and 402(b) employer contributions) 9 Other employee benefits 1,655. 1,473. 182. 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal		š þ	6,467.	5,299.	1,168.	
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a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion 30 Office expenses 19 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization insurance Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.)  B DUES AND SUBSCRIPTIONS 2 John toests. Complete this line only if the organization reported in column (B) billion toests from a combined educational campaign and fundraising solicitation.		· · · · F				<del></del>
a Management b Legal 792. 792. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion  12 Advertising and promotion 13 Office expenses 1997. 368. 629. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schodulo			53/.	439.	98.	<del></del>
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d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 19. 16. 3.  19. 16. 3.  19. 16. 3.  19. 16. 3.  19. 16. 3.  19. 16. 3.  19. 16. 3.  19. 16. 3.  19. 17. 18. 19. 18. 19. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19						<del> </del>
Professional fundraising services. See Part IV, line 17	_	· · · · · · · · · · · · · · · · · · ·	19,050.		19,000.	<del></del>
f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion  13 Office expenses 1997. 368. 629.  14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, Ist line 24e expenses on Schedule (C).  2 BAD DEBT EXPENSE 209. 209.  4 All other expenses 5 Total functional expenses, Add lines 1 through 24e 26 Joint cests, Complete this line only if the organization reported in column (B) point costs from a combined educational campagin and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·				
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column (A) amount, list line 11g expenses on Sch O.)  Advertising and promotion  Office expenses  997. 368. 629.  Information technology  Royalties  Cocupancy  19,154. 19,154.  Travel  Rayments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch O.)  BAD DEBT EXPENSE  All other expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  Cotal column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Advertising and promotion  Office expenses  Occupancy  Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  BAD DEBT EXPENSE  DUBS AND SUBSCRIPTIONS  All other expenses.  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e for 1,27.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	9	, , ,	19.	16.	3.	
13 Office expenses 997. 368. 629.  14 Information technology 15 Royalties 997. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154.	12					
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19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 19,154. 184. 184. 184. 184. 184. 184. 184. 18	14	Information technology				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 BAD DEBT EXPENSE 20 DUES AND SUBSCRIPTIONS 21 Total functional expenses. Add lines 1 through 24e and 2 through 2 through 2 through 2 through 2 through 2 throug	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Officer expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 BAD DEBT EXPENSE 29 DUES AND SUBSCRIPTIONS 20 All other expenses 21 Total functional expenses. Add lines 1 through 24e do 0, 127. 37, 190. 22, 937. 0.  29 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	16	Occupancy	19,154.			
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19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a BAD DEBT EXPENSE b DUES AND SUBSCRIPTIONS 42. 36. 6.  C d d e All other expenses. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	Payments of travel or entertainment expenses			_	
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Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  BAD DEBT EXPENSE  DUES AND SUBSCRIPTIONS  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19	Conferences, conventions, and meetings	23.	20.	3.	
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  BAD DEBT EXPENSE DUES AND SUBSCRIPTIONS  C d e All other expenses. Itemize expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	20	F				
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Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a BAD DEBT EXPENSE 209. 209. b DUBS AND SUBSCRIPTIONS 42. 36. 6. c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 60, 127. 37, 190. 22, 937. 0.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22		6,951.	6,812.	139.	
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b DUES AND SUBSCRIPTIONS  c	_		200	200		
e All other expenses  Total functional expenses. Add lines 1 through 24e 60,127. 37,190. 22,937. 0.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						<del></del>
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e All other expenses  25 Total functional expenses. Add lines 1 through 24e 60,127. 37,190. 22,937. 0.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				<del></del>		
Total functional expenses. Add lines 1 through 24e 60,127. 37,190. 22,937. 0.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			60,127.	37.190.	22,937.	0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	26			-,,25		
educational campaign and fundraising solicitation.			ļ			
, <del>, , , , , , , , , , , , , , , , , , </del>						

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,885.	_1	4,957.
	2	Savings and temporary cash investments	29,415.	2	26,681.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	265.
	5	Loans and other receivables from current and former officers, directors.			
		trustees, key employees, and highest compensated employees. Complete		f	
	[	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	732.
	l	Land, buildings, and equipment cost or other			
	ļ	basis. Complete Part VI of Schedule D 10a 543,501.			
	ь	Less accumulated depreciation 10b 34,755.	515,697.	10c	508,746.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,727.	15	1,268.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	549,724.	16	542,649.
	17	Accounts payable and accrued expenses	14,696.	17	7,977.
	18	Grants payable		18	
	19	Deferred revenue	124.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ģ	22	Loans and other payables to current and former officers, directors, trustees,			
<u>i</u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
"	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	6,270.	25	9,438.
	26	Total liabilities. Add lines 17 through 25	21,090.	26	<u>17,415.</u>
		Organizations that follow SFAS 117 (ASC 958), check here   X and			,
es		complete lines 27 through 29, and lines 33 and 34.			·
Ē	27	Unrestricted net assets	528,634.	27	-205,849.
3ai	28	Temporarily restricted net assets		28	731,083.
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	E20 C24	32	EDE 224
~	33	Total net assets or fund balances	528,634. 549,734	33	525,234.
	34	Total liabilities and net assets/fund balances	549,724.	_34_	542,649.

	1990 (2016) 8200-8300 FRANKLIN BLVD	46-0940	<u>885</u>	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.72	
2	Total expenses (must equal Part IX, column (A), line 25)	2		),12	
3	Revenue less expenses Subtract line 2 from line 1	3		3,40	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	528	3,63	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	<u> 525</u>	5,2	<u> 34.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	····			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	\		-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	İ	
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				الـــــا
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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		1 1		
	Separate basis Consolidated basis X Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			أــــا
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<del></del> ,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			اــــا
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	_	Ţ.	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	<u>] 3b  </u>	X	(2016)
			Form	3350/	ついる

### **SCHEDULE A**

(Form 990 or 990-EZ)

epartment of the Treasury

Name of the organization

Internal Revenue Service

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> Inspection

Employer identification number

OMB No 1545-0047

2016

Open to Public Inspection

8200-8300 FRANKLIN BLVD 46-0946885 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (ı) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) **Total** 

# Schedule A (Form 990 or 990-EZ) 2016 8200-8300 FRANKLIN BLVD 46-0946 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, 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.)

Calendary set (or fixed year beginning in)     (a) 2012   (b) 2013   (c) 2014   (d) 2015   (e) 2016   (f) Total membership fees received (Do not include any "unusual grants")   (556, 974. 54, 829. 25, 118. 736, 921.	Sec	ction A. Public Support						
1 Griffs, grants, contributions, and membership fees received (De not include any 'unusual grants.') 2 Tax revenues leved for the organization's benefit and either paut to or expended on its behalf and either paut to or expended on the behalf and either paut to or expended on the behalf and either paut to or expended on the behalf and either paut to or expended on the behalf and either paut to or expended on the behalf and either paut to or expended on the behalf and either paut to or expended on the behalf and the paut to or expended on the behalf and the paut to or expended on the paut to or expended on the paut to or expended on the paut to or expended on the paut to the organization without charge and the paut to or expended on the paut to the organization behalf and the paut to the organization behalf and the paut to the organization behalf and the paut to the organization to the paut to the organization that the paut to the organization to the paut to the organization that the paut to the organization that the paut to the organization that the paut to the organization that the paut to the paut to the paut to the organization that the paut to the paut to the paut to the organization that the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the paut to the p	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
metude any "unusual grants.")  7	1	Gifts, grants, contributions, and		-				
2 Tax revenues lewed for the organization is benefit and either paid to or expanded on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge a furnished by a governmental unit to the organization without charge 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. Residentine 5 from line 1 7 Amounts from line 4 6 Ross income from interest, dividends, payments received on securities loans, rents, royalties and income from serial sources 14.6.56, 974.54, 829.25, 118.736, 921.  Section B. Total Support  Calendar year (of fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total of 56, 974.54, 829.25, 118.736, 921.  Section B. Total Support  Calendar year (of fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total of 56, 974.54, 829.25, 118.736, 921.  Section B. Total Support  Calendar year (of fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total of 56, 974.54, 829.25, 118.736, 921.  Section B. Total Support  Calendar year (of fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total of 56, 974.54, 829.25, 118.736, 921.  Section B. Total Support  Calendar year (of fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total of 56, 974.54, 829.25, 118.736, 921.  Section B. Total support to organized to the beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) 7014 (d) 2015 (e) 2016 (f) 7014 (e) 2016 (e) 2016 (f) 7014 (e) 2016 (e) 2016 (f) 7014 (e) 2016 (e) 2016 (f) 7014 (e) 2016 (e) 2016 (f) 7014 (e) 2016 (f) 7014 (e) 2016 (f) 7014 (e) 2016 (f) 7014 (e) 2016 (f) 7014 (e		membership fees received (Do not			l l			
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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		•		-	•	• • • •		<b>.</b>
Cabadula A (Farma 200 at 200 ET) 2016	18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b	, check this box a		

# Schedule A (Form 990 or 990-EZ) 2016 8200-8300 FRANKLIN BLVD 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

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)	<del></del>	<del></del>		
_		(=) 2012	(h) 2010	/s\ 0014	(4) 2015	(5) 2010	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
'	Gifts, grants, contributions, and membership fees received (Do not				1	]	
	include any "unusual grants ")				Į.	1	
9			<del>                                     </del>			<del> </del>	
2	Gross receipts from admissions, merchandise sold or services per-		Į i				
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		<del>                                     </del>		<del>                                     </del>	<del>                                     </del>	
3	are not an unrelated trade or bus-						
	iness under section 513				İ	)	
4	Tax revenues levied for the organ-						
•	ızatıon's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities	<del></del>			<u> </u>	1	
-	furnished by a governmental unit to					i	
	the organization without charge		1			1	<b>[</b>
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		ļ				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that					1	1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	Add lines 7a and 7b			<del> </del>	<del>                                     </del>	<del> </del>	<del></del>
	Public support. (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	<u> </u>	L	<del></del>	<u> </u>	L
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	12/2012	12,2010	(0) 2014	1 1 1 2 3 3	1 10/2010	17.000
	Gross income from interest,		† <del></del>	<u> </u>	<del>                                     </del>	1	<del>                                     </del>
	dividends, payments received on			<b>!</b>		}	l
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
С	Add lines 10a and 10b						
11	Net income from unrelated business					T	
	activities not included in line 10b, whether or not the business is			1	1		
	regularly carried on		<u></u>	L	<u> </u>	<u> </u>	
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)					<u> </u>	L
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<u>&gt;</u>
	tion C. Computation of Publi	<del></del>				<del></del>	
	Public support percentage for 2016 (li		•	olumn (f))		15	%
	Public support percentage from 2015					16	%
	tion D. Computation of Inves			40 1 ""		TT	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
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ısa	33 1/3% support tests - 2016. If the	_					/ is not
<b>.</b>	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	•	=	, ,	· · · · · · · ·		and
U	line 18 is not more than 33 1/3%, che	-					u
20	Private foundation. If the organization		-	· ·			
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## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? /f "Yes," answer (b) and (c) below
- 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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 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)
- 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)
- 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
- 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
- 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
- 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 10b below
- 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.)

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3b_	<del>                                     </del>	
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3c	<del>                                     </del>	<del></del> ,
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4b	<b>-</b>	<b> </b>
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Sche	edule A (Form 990 or 990-EZ) 2016 8200-8300 FRANKLIN BLVD 4	6-094688	5 Pa	age <b>5</b>
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			'
а	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?	11a		<u> </u>
	A family member of a person described in (a) above?	_11b_		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		<u> </u>
Sec	tion 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		1
	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	1		├
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? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ļ	ļ	
<del></del>	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		<del></del>	
			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)? If "No," describe in Part VI how control		1	1
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	ļ
800	the supported organization(s).		<u> </u>	<u> </u>
<u> </u>	tion D. All Type III Supporting Organizations		Τ	Т
		<del></del>	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		1	1
	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?	1		├
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? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	├	├─
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			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u>  3</u>	l	Ь
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions)		
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)	Yes	L
2	Activities Test Answer (a) and (b) below	Γ	Tes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ł	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Į	
	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	2a_	-	<del>                                     </del>
D	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? If "Yes," explain in Part VI the	1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	·	-	-
•	activities but for the organization's involvement	2b_	├-	+
3	Parent of Supported Organizations. Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ļ <u>-</u>		1
	trustees of each of the supported organizations? Provide details in Part VI	3a	╁	+-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 25		1-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Sche Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	a Organ		16-0946885 Page 6
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Port \/I \ Socienturations Al
•	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	_		Part VI.) See instructions. At
Sect	ion A - Adjusted Net Income	Inplete Se	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	$\frac{1}{1}$		
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		1
7	Other expenses (see instructions)	7		T
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		<u> </u>
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,			ŀ
	see instructions)	4		<u> </u>
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		<u></u> _
Secti	ion 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	<u> </u>	<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	anization (see
	inetrictions)			

	t V Type III Non-Functionally Integrated 509		-141	0-0940005 Page 7
Ц	on D - Distributions	(a)(o) Supporting Orga	nizations (continued)	Current Year
<u>3ect</u> 1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<del></del>	Current Year
_ <u>-</u>	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			<del></del>
~	·	or purposes or supported		
3	organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpose	os of supported organizations		
		es of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
<u>5</u>	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<del></del>		
<u> </u>	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne 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	T		
Sect	on 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 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	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. For result greater			1
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			<del> </del>
8_	Breakdown of line 7	<del> </del>		<del>                                     </del>
<u>a</u>	F 6 0010			
	Excess from 2013			
	Excess from 2014	<del> </del>		<del> </del>
	Excess from 2015	<del> </del>	<del></del>	<del> </del>
е_	Excess from 2016	<u> </u>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 8200-8300 FRANKLIN BLVD	46-0946885 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2, Part IV, Section C, , Section B, line 1e, Part V,
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER TENANT INCOME	
2014 AMOUNT: \$ 20.	
2015 AMOUNT: \$ 50.	· · · · · · · · · · · · · · · · · · ·
2016 AMOUNT: \$ 1,535.	
MISCELLANEOUS INCOME	
2015 AMOUNT: \$ 279.	
2016 AMOUNT: \$ 789.	
REFUNDS & REBATES	
2016 AMOUNT: \$ 16,873.	
PART II, SHORT YEAR EXPLANATION:	
2016 WAS A SHORT YEAR DUE TO CHANGING ACCOUNTING PERIOD TO A	CALENDAR
YEAR END THEREFORE 2016 DATA IS FROM 7/1/16-12/31/16	
6	
,	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

2016
Open to Public Inspection

Name of the organization **Employer identification number** 8200-8300 FRANKLIN BLVD 46-0946885 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ີ No Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		00 FRANKLIN						46885	
Pai	t III   Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a signi	ficant u	se of its c	ollection ite	ems
	(check all that apply)								
а	Public exhibition	d	Loan or ex	change progra	ms				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co		-	_			se in Part I	XIII	
5	During the year, did the organization solicit or		•		r sımılar as	sets		_	
_	to be sold to raise funds rather than to be ma							Yes	No
Pai	TIV Escrow and Custodial Arrang		ete if the organizat	on answered "	Yes" on Fo	orm 990	), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributio	ns or other ass	ets not inc	luded		_	
	on Form 990, Part X?							Yes	L No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table						
						-		Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				-	_1f_			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial accor	unt liability	?		Yes	No No
_	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on F						
	l	(a) Current year	(b) Prior year_	(c) Two year	s back (d	) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses			<u> </u>					
g	End of year balance							L	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administer	ed for the	organiza	ation	_	
	by							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R	?				3b	
4	Describe in Part XIII the intended uses of the		wment funds						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	See Form 990	, Part X, Iir	e 10.			
	Description of property	(a) Cost or o	ther (b) Co	st or other		umulate		(d) Book	value
		basis (investr	nent) basi	s (other)	depr	eciation	<u> </u>		
1a	Land								
b	Buildings		5	41,401.		34,7	55.	506	,646.
C	Leasehold improvements								
d	Equipment								
e	Other			2,100.			T		,100.
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	Y column (P) line	1001				508	.746.

Schedule D (Form 990) 2016

Scriedule D (Form 990) 2016 0200 0300 FT	CHAICDIN DI	<u> </u>		03 + 0003 Fage
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				of year market value
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of Vi	aluation Cost or end	-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)		<del>-  </del>	<del></del>	
(B)				
(C)				
(D)				
(E) (C)		<del></del>		
		<del></del>	<del></del> _	
(H)	<del></del>	<del></del>	<del></del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del></del>			
Complete if the organization answered "Yes" of	Farm 000 Dark IV	/ lime 11 a Can Farm 000 l	Dort V. line 12	
(a) Description of investment	(b) Book value		aluation Cost or end	of-vear market value
<del></del>	(b) Book Value	(o) mounds of the		- your manter raide
(1) (2)	<del></del>	<del></del>		
		<del></del>		
(3) (4)	<del></del>	<del></del>		
		<del></del>		
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)	<del></del>	<del>-  </del>		
(7)		<del></del>		
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<del></del>		
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11d See Form 990	Part Y line 15	
	Description	, line 11d Gec 1 Offit 550,	r are x, into 10	(b) Book value
(1)				(-,
(2)		<del></del>		
(3)				
(4)	<del></del>			
(5)				
(6)	<del></del>			
(7)		<del></del>		
(8)				
(9)		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	45)			
Part X Other Liabilities.	15.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11e or 11f See Form	990 Part X line 25	
(18)	on tomicoo, raiciv	(b) Book value	1000, 1 art x, line 20.	
1. (a) Description of liability  (1) Federal income taxes		(B) Book value	1	
(2) SECURITY DEPOSITS		1,268.	1	
		8,170.	-	
		0,1,0.	1	
(4)	<del>-</del>	<del></del>	1	
(5)			{	
(6)		<del> </del>	1	
			{	
(8)		<del></del>	1	
(9)		I	1	

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

9,438.

Schedule D (Form 990) 2016 8200-8300 FRANKLIN BLV		46-094	16885 Page 4
Part XI Reconciliation of Revenue per Audited Financial St		per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		EC 707
1 Total revenue, gains, and other support per audited financial statements		<del>-1</del>	<u>56,727.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a Net unrealized gains (losses) on investments     b Donated services and use of facilities	2a		
c Recoveries of prior year grants	2b 2c		
d Other (Describe in Part XIII.)	2d	<del></del>	
e Add lines 2a through 2d	<u> </u>	2e	0.
3 Subtract line 2e from line 1		3	56,727.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	5	56,727.
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expense	s per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
1 Total expenses and losses per audited financial statements		1	60,127.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)			•
e Add lines 2a through 2d		. 2e	0.
3 Subtract line 2e from line 1		3	60,127.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b		<del></del>	
b Other (Describe in Part XIII.)			0
c Add lines 4a and 4b		4c	$\frac{0.}{60,127.}$
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line Part XIII Supplemental Information.	e 18.)	5	00,127.
	14 D. (N/ base 4b and 0b Daw	1 V I I I I I I I I I I I I I I I I I I	- 0. D4.VI
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part VII, lines 2d and 4b, and Part VIII, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part VIII, lines 2d and 4b, and Part VIII, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part VIII, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part VIII, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4b, and Part VIII, lines 3d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4d and 4		t v, line 4, Part A, lin	e z, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information		
PART X, LINE 2:			
MANAGEMENT OF THE PROJECT IS REQUIRED TO	DETERMINE WHETHI	ER A TAX P	OSITION _
OF THE PROJECT IS MORE LIKELY THAN NOT T	O BE SUSTAINED U	PON EXAMIN	ATION BY
THE APPLICABLE TAXING AUTHORITY, INCLUDI	NG RESOLUTION OF	ANY RELAT	ED
APPEALS OR LITIGATION PROCESSES, BASED O	N THE TECHNICAL I	MERITS OF '	<u>rhe</u>
POSITION. MANAGEMENT IS NOT AWARE OF AN	Y TAX POSITIONS	FOR WHICH	IT IS
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WILL SIGNIFICANTLY CHANGE IN THE NEXT TW	ELVE MONTHS. HO	WEVER,	
MANAGEMENT'S CONCLUSIONS MAY BE SUBJECT	TO DEVITEW AND AD.	TIIGTMENT A	מיד
MANAGEMENT D CONCEODIONS MAI DE SODOECI	TO REVIEW AND ADD	JUSIMENI A	<u> </u>
LATER DATE BASED ON FACTORS INCLUDING, B	יי מאידואדד ייטא יינו	O. NEW TAX	LAWS.
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REGULATIONS, AND ADMINISTRATIVE INTERPRE	TATIONS (INCLUDI	NG RELEVAN	T COURT
DECISIONS). THE PROJECT'S FEDERAL TAX R	ETURNS FOR THE PI	RIOR THREE	FISCAL
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Schedule I	D (Form 990) 2	2016	<u>820</u>	<u>0-8300 FRANK</u>	<u>тти</u>	BLV.	ע		46-0946885	Page 5
Part XII	I Supplem	2016 <b>ental Inform</b>	atio	n _(continued)						
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YEARS	REMAIN	SUBJECT	TO	EXAMINATION	BY	THE	INTERNAL	REVENUE	SERVICE.	
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### **SCHEDULE J** (Form 990)

Part I

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Open to Public Attach to Form 990. Inspection ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Name of the organization

8200-8300 FRANKLIN BLVD

**Questions Regarding Compensation** 

**Employer identification number** 46-0946885

OMB No. 1545-0047

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

Page 2

8200-8300 FRANKLIN BLVD Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(y(a)	ın column (B) reported as deferred on prior Form 990
(1) IRENE COLLINS	E		0	0	1 1			0
EXECUTIVE DIRECTOR	3	156,640.	9,000.	0.	9,085.	5,258.	179,983.	0
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name of the organization **Employer identification number** 46-0946885 8200-8300 FRANKLIN BLVD FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION'S SPONSOR, EMERALD DEVELOPMENT AND ECONOMIC NETWORK, PROVIDES MANAGEMENT SERVICES ON BEHALF OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S SIGNING OFFICER SCANS THE FORM 990 FOR COMPLETENESS PRIOR TO SIGNATURE. FORM 990, PART VI, SECTION C, LINE 19: OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 PART XII LINE 2C THE ORGANIZATION'S SPONSOR ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

<u>.</u>

2016 Open to Public Inspection

OMB No 1545-0047

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

Information about Schedule K (F

Name of the organization

Department of the Treasury Internal Revenue Service

8200-8300 FRANKLIN BLVD

Employer identification number 46-0946885

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Parti

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
9830 DENISON AVENUE LLC - 38-3721038					
7812 MADISON AVENUE					EMERALD DEVELOPMENT AND
CLEVELAND, OH 44102	RENTAL	онго	105,322.	373,121.	373,121. ECONOMIC NETWORK
1970 WEST 77TH STREET LLC - 30-0296715					
7812 MADISON AVENUE					EMERALD DEVELOPMENT AND
CLEVELAND, OH 44102	PARKING	онго	0.	0.	0. ECONOMIC NETWORK
2219-27 PAYNE AVENUE LLC - 33-1144740					
7812 MADISON AVENUE					EMERALD DEVELOPMENT AND
CLEVELAND, OH 44102	RENTAL	онто	226,424.	1,972.	1,972. ECONOMIC NETWORK
NORTHRIDGE COMMONS LLC - 52-0789306					
7812 MADISON AVENUE					EMERALD DEVELOPMENT AND
CLEVELAND, OH 44102	RENTAL	онто	394,886.	1,101,448.	1,101,448. ECONOMIC NETWORK

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related tax-exempt organizations during the tax year Part

	3		₹	(9)	5	5	
(e)	(a)	<u>s</u>	2	_	Ξ	Section	2(hV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	_	g	controlled	lled
of related organization		foreign country)	section	status (if section	entity	entit	U
				501(c)(3))		Yes	ş
EMERALD DEVELOPMENT AND ECONOMIC NETWORK -				!			
34-1667990, 7812 MADISON AVE, CLEVELAND, OH	·						
44102	LOW-INCOME HOUSING	оню	501(C)(3)	LINE 7			×
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Schedule R (Form 990) 2016

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Schedule R (Form 990)	art I Continuation of Identification of Disregarded Entities	
Schedu	Part	

(a)	(q)	(0)	(p)	(e)	<b>(</b> j)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
EMERALD PROPERTY MANAGEMENT NETWORK LLC - 33-1144740, 7812 MADISON AVENUE, CLEVELAND, OH 44102	RENTAL	оіно	0		EMERALD DEVELOPMENT AND 0. ECONOMIC NETWORK

Page 2 46-0946885

Schedule R (Form 990) 2016 8200-8300 FRANKLIN BLVD

Partill Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	Q)	(0)	( <del>Q</del>	(e)	9	( <b>6</b> )	ε	(1)	9	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		doodio	Yes No		Yes	
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Partily Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable as rporation or trust during	s a Corpo g the tax y	oration or Trust. Col	mplete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line 34	because it had on	e or mo	re related

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   E	512(b)(13) controlled entity?	Yes No	 	_	_	 4	_		_			 	_
<u> </u>	6 55	Υe		_		 _	_	_	4			 	_
3	Percentage ownership												
	Share of end-of-year												
<b>(</b>	Share of total												
<b>(e)</b>	Type of entity C corp, S cort	Or trust)											
(p)	Direct contro entity												
3	Legal domicile (state or foreign	country)											
(q)	Primary activity												
(a)	Name, address, and EIN of related organization												

Schedule R (Form 990) 2016

632162 09-06-16

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line I if any entity is listed in Parts II, III, or to or this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed i	n Parts II-1/2	Ves No
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	ý			La X
c Gift, grant, or capital contribution from related organization(s)				1c
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				±
i Exchange of assets with related organization(s)				i-
j Lease of facilities, equipment, or other assets to related organization(s)				1. X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			T X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			t _n
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				Tot
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				4
q Reimbursement paid by related organization(s) for expenses				1g X
r Other transfer of cash or property to related organization(s)				1t X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	nho must complete th	is line, including covered ri	information on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved
(5)				
(3)				
(4)				
(2)				
(9)			of the state of	D (Form 000) 2016
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46-0946885

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

ì	<u>a</u>	၁	(g	<b>e</b>	(a)	(6)	(F)	(0)	9	(K
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa	Are all partners sec. 501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tionate	Code	General c	Percentage
		country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Schedule R	(Form 990) 2016 8200-8300 FRANKLIN BLVD	_ 40-0940000	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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