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**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Form **990-PF**

**2017**

Department of the Treasury  
Internal Revenue Service

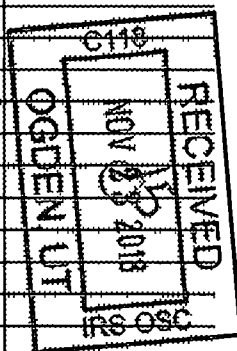
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▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2017 or tax year beginning , and ending

|   |   |  |
|---|---|--|
| Name of foundation<br><b>STEPS TO RECOVERY HOMES</b>  |   | A Employer identification number<br><b>46-3225513</b>  |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>1120 PEAKS VIEW DR</b> |   | B Telephone number (see instructions)<br><b>928-821-3526</b>   |
| Room/suite  |   |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>CLARKDALE AZ 86324-3511</b>    |   | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                       |
| G Check all that apply  |   | D 1 Foreign organizations, check here ▶ <input type="checkbox"/>   |
| <input type="checkbox"/> Initial return   |   | D 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>       |
| <input type="checkbox"/> Final return   |   | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>    |
| <input type="checkbox"/> Address change   |   | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/> |
| <input type="checkbox"/> Initial return of a former public charity  |   |  |
| <input type="checkbox"/> Amended return   |   |  |
| <input type="checkbox"/> Name change  |   |  |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation  |   |  |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust  |   |  |
| <input type="checkbox"/> Other taxable private foundation   |   |  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>26,015</b>          | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual |  |
| <input type="checkbox"/> Other (specify)  |   |  |
| (Part I, column (d) must be on cash basis)  |   |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| 1  | Contributions, gifts, grants, etc., received (attach schedule)                              | 95,176                             |                           |                         |   |
| 2  | Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |   |
| 3  | Interest on savings and temporary cash investments  | 2                                  | 2                         | 2                       |   |
| 4  | Dividends and interest from securities  |                                    |                           |                         |   |
| 5a   | Gross rents   |                                    |                           |                         |   |
| b  | Net rental income or (loss)   |                                    |                           |                         |   |
| 6a   | Net gain or (loss) from sale of assets not on line 10 Stmt 1                                | 1,000                              |                           |                         |   |
| b  | Gross sales price for all assets on line 6a 2,200   |                                    |                           |                         |   |
| 7  | Capital gain net income (from Part IV, line 2)  |                                    | 0                         |                         |   |
| 8  | Net short-term capital gain   |                                    |                           | 0                       |   |
| 9  | Income modifications  |                                    |                           |                         |   |
| 10a  | Gross sales less returns and allowances   |                                    |                           |                         |   |
| b  | Less Cost of goods sold   |                                    |                           |                         |   |
| c  | Gross profit or (loss) (attach schedule)  |                                    |                           |                         |   |
| 11   | Other income (attach schedule) Stmt 2   | 181,049                            |                           | 181,049                 |   |
| 12   | Total. Add lines 1 through 11   | 277,227                            | 2                         | 181,051                 |   |
| 13   | Compensation of officers, directors, trustees, etc  | 50,415                             |                           | 50,415                  | 50,415  |
| 14   | Other employee salaries and wages   | 29,511                             |                           | 29,511                  | 29,511  |
| 15   | Pension plans, employee benefits  |                                    |                           |                         |   |
| 16a  | Legal fees (attach schedule)  |                                    |                           |                         |   |
| b  | Accounting fees (attach schedule)   |                                    |                           |                         |   |
| c  | Other professional fees (attach schedule) Stmt 3  | 1,990                              |                           | 1,990                   | 1,990   |
| 17   | Interest  | 1,742                              |                           | 1,742                   | 1,742   |
| 18   | Taxes (attach schedule) (see instructions) Stmt 4   | 7,039                              |                           | 7,039                   | 7,039   |
| 19   | Depreciation (attach schedule) and depletion Stmt 5   | 935                                |                           | 935                     |   |
| 20   | Occupancy   | 75,665                             |                           | 75,665                  | 75,665  |
| 21   | Travel, conferences, and meetings   | 437                                |                           | 437                     | 437   |
| 22   | Printing and publications   |                                    |                           |                         |   |
| 23   | Other expenses (att sch) Stmt 6   | 82,121                             |                           | 82,121                  | 82,120  |
| 24   | Total operating and administrative expenses. Add lines 13 through 23                        | 249,855                            | 0                         | 249,855                 | 248,919   |
| 25   | Contributions, gifts, grants paid   | 0                                  |                           |                         | 0   |
| 26   | Total expenses and disbursements. Add lines 24 and 25                                       | 249,855                            | 0                         | 249,855                 | 248,919   |
| 27   | Subtract line 26 from line 12   |                                    |                           |                         |   |
| a  | Excess of revenue over expenses and disbursements   | 27,372                             |                           |                         |   |
| b  | Net investment income (if negative, enter -0-)  |                                    | 2                         |                         |   |
| c  | Adjusted net income (if negative, enter -0-)  |                                    |                           | 0                       |   |



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Operating and Administrative Expenses

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

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622

9

| Part II Balance Sheets  |  | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                |                       |
|---|--|--|----------------|-----------------------|
|   |  | Beginning of year  | End of year    |                       |
|   |  | (a) Book Value   | (b) Book Value | (c) Fair Market Value |
| Assets  | 1 Cash – non-interest-bearing  | 14,581   | 17,613         | 17,613                |
|   | 2 Savings and temporary cash investments   |  |                |                       |
|   | 3 Accounts receivable ▶<br>Less allowance for doubtful accounts ▶  |  |                |                       |
|   | 4 Pledges receivable ▶<br>Less allowance for doubtful accounts ▶   |  |                |                       |
|   | 5 Grants receivable  |  |                |                       |
|   | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)                |  |                |                       |
|   | 7 Other notes and loans receivable (att schedule) ▶<br>Less allowance for doubtful accounts ▶  | 0  |                |                       |
|   | 8 Inventories for sale or use  |  |                |                       |
|   | 9 Prepaid expenses and deferred charges  |  |                |                       |
|   | 10a Investments – U S and state government obligations (attach schedule)   |  |                |                       |
|   | b Investments – corporate stock (attach schedule)  |  |                |                       |
|   | c Investments – corporate bonds (attach schedule)  |  |                |                       |
|   | 11 Investments – land, buildings, and equipment basis ▶<br>Less accumulated depreciation (attach sch) ▶                                  |  |                |                       |
|   | 12 Investments – mortgage loans  |  |                |                       |
|   | 13 Investments – other (attach schedule)   |  |                |                       |
|   | 14 Land, buildings, and equipment basis ▶  | 7,769  |                |                       |
| Less accumulated depreciation (attach sch) ▶ Stmt 7   | 1,502  | 7,332  | 6,267          | 7,102                 |
| 15 Other assets (describe ▶ See Statement 8 )   |  | 1,300  | 1,300          | 1,300                 |
| 16 Total assets (to be completed by all filers – see the instructions Also, see page 1, item I) |  | 23,213   | 25,180         | 26,015                |
| Liabilities   | 17 Accounts payable and accrued expenses   |  |                |                       |
|   | 18 Grants payable  |  |                |                       |
|   | 19 Deferred revenue  |  |                |                       |
|   | 20 Loans from officers, directors, trustees, and other disqualified persons  |  | 20,319         | 9,056                 |
|   | 21 Mortgages and other notes payable (attach schedule)   |  |                |                       |
|   | 22 Other liabilities (describe ▶ See Statement 9 )   |  | 24,219         | 10,077                |
| 23 Total liabilities (add lines 17 through 22)  |  | 44,538   | 19,133         |                       |
| Net Assets or Fund Balances   | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input checked="" type="checkbox"/> |  |                |                       |
|   | 24 Unrestricted  |  | -21,325        | 6,047                 |
|   | 25 Temporarily restricted  |  |                |                       |
|   | 26 Permanently restricted  |  |                |                       |
|   | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/>                         |  |                |                       |
|   | 27 Capital stock, trust principal, or current funds  |  |                |                       |
|   | 28 Paid-in or capital surplus, or land, bldg, and equipment fund   |  |                |                       |
|   | 29 Retained earnings, accumulated income, endowment, or other funds  |  |                |                       |
| 30 Total net assets or fund balances (see instructions)   |  | -21,325  | 6,047          |                       |
| 31 Total liabilities and net assets/fund balances (see instructions)                            |  | 23,213   | 25,180         |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances  |   |         |
|--|---|---------|
| 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | -21,325 |
| 2 Enter amount from Part I, line 27a   | 2 | 27,372  |
| 3 Other increases not included in line 2 (itemize) ▶   | 3 |         |
| 4 Add lines 1, 2, and 3  | 4 | 6,047   |
| 5 Decreases not included in line 2 (itemize) ▶   | 5 |         |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30  | 6 | 6,047   |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b) How acquired<br>P – Purchase<br>D – Donation | (c) Date acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr ) |
|--|--|--------------------------------------|----------------------------------|
| <b>1a</b> N/A  |  |                                      |                                  |
| <b>b</b>   |  |                                      |                                  |
| <b>c</b>   |  |                                      |                                  |
| <b>d</b>   |  |                                      |                                  |
| <b>e</b>   |  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| <b>a</b>              |  |   |  |
| <b>b</b>              |  |   |  |
| <b>c</b>              |  |   |  |
| <b>d</b>              |  |   |  |
| <b>e</b>              |  |   |  |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) FMV as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|------------------------|--------------------------------------|---|--|
| <b>a</b>               |                                      |   |  |
| <b>b</b>               |                                      |   |  |
| <b>c</b>               |                                      |   |  |
| <b>d</b>               |                                      |   |  |
| <b>e</b>               |                                      |   |  |

|   |          |  |
|---|----------|--|
| <b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em; vertical-align: middle;">}</span> <span style="font-size: 0.8em; vertical-align: middle;">If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7</span> | <b>2</b> |  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8 <span style="font-size: 2em; vertical-align: middle;">}</span>     | <b>3</b> |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|--|--|--|---|
| 2016   | <b>244,570</b>                           |  |   |
| 2015   |  |  |   |
| 2014   |  |  |   |
| 2013   |  |  |   |
| 2012   |  |  |   |

|   |          |                |
|---|----------|----------------|
| <b>2</b> Total of line 1, column (d)  | <b>2</b> |                |
| <b>3</b> Average distribution ratio for the 5-year base period – divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years                                   | <b>3</b> |                |
| <b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5   | <b>4</b> | <b>0</b>       |
| <b>5</b> Multiply line 4 by line 3  | <b>5</b> |                |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)   | <b>6</b> |                |
| <b>7</b> Add lines 5 and 6  | <b>7</b> | <b>0</b>       |
| <b>8</b> Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions | <b>8</b> | <b>248,919</b> |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|    |   |    |   |
|----|---|----|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter (attach copy of letter if necessary—see instructions) |    |   |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b  | 1  |   |
| c  | All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)  |    |   |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  | 2  | 0 |
| 3  | Add lines 1 and 2   | 3  |   |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  | 4  | 0 |
| 5  | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-  | 5  | 0 |
| 6  | Credits/Payments  |    |   |
| a  | 2017 estimated tax payments and 2016 overpayment credited to 2017   | 6a |   |
| b  | Exempt foreign organizations - tax withheld at source   | 6b |   |
| c  | Tax paid with application for extension of time to file (Form 8868)   | 6c |   |
| d  | Backup withholding erroneously withheld   | 6d |   |
| 7  | Total credits and payments Add lines 6a through 6d  | 7  |   |
| 8  | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached  | 8  |   |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   | 9  |   |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10 |   |
| 11 | Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>   | 11 |   |

**Part VII-A Statements Regarding Activities**

|    | Yes | No |
|----|-----|----|
| 1a |     | X  |
| 1b |     | X  |
| 1c |     | X  |
| 2  |     | X  |
| 3  |     | X  |
| 4a |     | X  |
| 4b | N/A |    |
| 5  |     | X  |
| 6  | X   |    |
| 7  | X   |    |
| 8a |     |    |
| 8b | X   |    |
| 9  |     | X  |
| 10 |     | X  |

**Part VII-A Statements Regarding Activities (continued)**

|    |  | Yes                                 | No                                  |
|----|--|-------------------------------------|-------------------------------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions  |                                     | <input checked="" type="checkbox"/> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions   |                                     | <input checked="" type="checkbox"/> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► <b>STEPSTORECOVERYHOMES.ORG</b>   | <input checked="" type="checkbox"/> |                                     |
| 14 | The books are in care of ► <b>DAMIEN BROWNING</b><br><b>1120 PEAKS VIEW DR</b><br>Located at ► <b>CLARKDALE</b> AZ ZIP+4 ► <b>86324-3511</b><br>Telephone no ► <b>928-821-3526</b>   |                                     |                                     |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here and enter the amount of tax-exempt interest received or accrued during the year  |                                     | <input type="checkbox"/>            |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ► |                                     | <input checked="" type="checkbox"/> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|    |  | Yes | No                                  |
|----|--|-----|-------------------------------------|
| 1a | During the year, did the foundation (either directly or indirectly)  |     |                                     |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |                                     |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |     |                                     |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |                                     |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |     |                                     |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |                                     |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |                                     |
| b  | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here   |     | <input checked="" type="checkbox"/> |
| c  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?<br>N/A   |     |                                     |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |     |                                     |
| a  | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?<br>If "Yes," list the years ► 20 , 20 , 20 , 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |                                     |
| b  | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions )<br>N/A   |     |                                     |
| c  | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>► 20 , 20 , 20 , 20   |     |                                     |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |                                     |
| b  | If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017 )<br>N/A |     |                                     |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |     | <input checked="" type="checkbox"/> |
| b  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?  |     | <input checked="" type="checkbox"/> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here **N/A**  **5b**

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A**  Yes  No If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b<sup>1</sup>** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No **6b** **X**  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| See Statement 10     |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total number of other employees paid over \$50,000** **0**

**Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000              | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of others receiving over \$50,000 for professional services |                     | ▶                |

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 N/A  |          |
| 2  |          |
| 3  |          |
| 4  |          |

**Part IX-B Summary of Program-Related Investments (see instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 N/A  |        |
| 2  |        |
| All other program-related investments. See instructions.   |        |
| 3  |        |
| Total. Add lines 1 through 3   |        |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |   |           |          |
|----------|---|-----------|----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |           |          |
| <b>a</b> | Average monthly fair market value of securities   | <b>1a</b> | <b>0</b> |
| <b>b</b> | Average of monthly cash balances  | <b>1b</b> | <b>0</b> |
| <b>c</b> | Fair market value of all other assets (see instructions)  | <b>1c</b> | <b>0</b> |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)   | <b>1d</b> | <b>0</b> |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> | <b>0</b> |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets  | <b>2</b>  | <b>0</b> |
| <b>3</b> | Subtract line 2 from line 1d  | <b>3</b>  | <b>0</b> |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)      | <b>4</b>  | <b>0</b> |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | <b>0</b> |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5  | <b>6</b>  | <b>0</b> |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Minimum investment return from Part X, line 6   | <b>1</b>  |          |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5  | <b>2a</b> |          |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI)  | <b>2b</b> |          |
| <b>c</b>  | Add lines 2a and 2b   | <b>2c</b> |          |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  |          |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions   | <b>4</b>  |          |
| <b>5</b>  | Add lines 3 and 4   | <b>5</b>  |          |
| <b>6</b>  | Deduction from distributable amount (see instructions)  | <b>6</b>  |          |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | <b>0</b> |

**Part XII Qualifying Distributions** (see instructions)

|          |  |           |                |
|----------|--|-----------|----------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  |           |                |
| <b>a</b> | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26  | <b>1a</b> | <b>248,919</b> |
| <b>b</b> | Program-related investments – total from Part IX-B   | <b>1b</b> |                |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | <b>2</b>  |                |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the  |           |                |
| <b>a</b> | Suitability test (prior IRS approval required)   | <b>3a</b> |                |
| <b>b</b> | Cash distribution test (attach the required schedule)  | <b>3b</b> |                |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | <b>4</b>  | <b>248,919</b> |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | <b>5</b>  | <b>0</b>       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4  | <b>6</b>  | <b>248,919</b> |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII. Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7   |               |                            |             | 0           |
| 2 Undistributed income, if any, as of the end of 2017  |               |                            |             |             |
| a Enter amount for 2016 only   |               |                            |             |             |
| b Total for prior years 20____, 20____, 20____   |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2017  |               |                            |             |             |
| a From 2012  |               |                            |             |             |
| b From 2013  |               |                            |             |             |
| c From 2014  |               |                            |             |             |
| d From 2015  |               |                            | 208,788     |             |
| e From 2016  |               |                            | 244,570     |             |
| f Total of lines 3a through e  | 453,358       |                            |             |             |
| 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>248,919</u>  |               |                            |             |             |
| a Applied to 2016, but not more than line 2a   |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required – see instructions)  |               |                            |             |             |
| c Treated as distributions out of corpus (Election required – see instructions)  |               |                            |             |             |
| d Applied to 2017 distributable amount   |               |                            |             |             |
| e Remaining amount distributed out of corpus   | 248,919       |                            |             |             |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )  |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 702,277       |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b  |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount – see instructions  |               |                            |             |             |
| e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount – see instructions  |               |                            |             |             |
| f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018  |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)         |               |                            |             |             |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)  |               |                            |             |             |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a  | 702,277       |                            |             |             |
| 10 Analysis of line 9  |               |                            |             |             |
| a Excess from 2013   |               |                            |             |             |
| b Excess from 2014   |               |                            |             |             |
| c Excess from 2015   |               |                            | 208,788     |             |
| d Excess from 2016   |               |                            | 244,570     |             |
| e Excess from 2017   |               |                            | 248,919     |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

|  | Tax year | Prior 3 years |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2017 | (b) 2016      | (c) 2015 | (d) 2014 |           |
| <b>b</b> 85% of line 2a  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities<br>Subtract line 2d from line 2c                                 |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |          |               |          |          |           |
| <b>a</b> "Assets" alternative test – enter   |          |               |          |          |           |
| <b>(1)</b> Value of all assets   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |          |               |          |          |           |
| <b>c</b> "Support" alternative test – enter  |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |               |          |          |           |
| <b>(2)</b> Support from general public, and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                     |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |               |          |          |           |
| <b>(4)</b> Gross investment income   |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
**None**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
**None**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed  
**See Statement 11**

**b** The form in which applications should be submitted and information and materials they should include  
**Not Applicable**

**c** Any submission deadlines  
**Not Applicable**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
**Not Applicable**

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|----------------------------------|--------|
| Name and address (home or business)                |   |                                |                                  |        |
| a <i>Paid during the year</i><br><b>N/A</b>        |   |                                |                                  |        |
| <b>Total</b>                                       |   |                                | ▶ <b>3a</b>                      |        |
| b <i>Approved for future payment</i><br><b>N/A</b> |   |                                |                                  |        |
| <b>Total</b>                                       |   |                                | ▶ <b>3b</b>                      |        |

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion<br>code             | (d)<br>Amount |  |
| 1 Program service revenue                                  |                           |               |                                      |               |  |
| a <b>CLIENT SERVICES</b>                                   |                           |               |                                      |               | <b>50,563</b>  |
| b <b>MIRACLES HAPPEN PROCEEDS</b>                          |                           |               |                                      |               | <b>94,105</b>  |
| c <b>OTHER INCOME</b>                                      |                           |               |                                      |               | <b>454</b>   |
| d <b>BED FEE AND RENTAL INCOME</b>                         |                           |               |                                      |               | <b>35,927</b>  |
| e <b>REFUNDS</b>   |                           |               |                                      |               |  |
| f <b>EVENTS</b>  |                           |               |                                      |               |  |
| g Fees and contracts from government agencies              |                           |               |                                      |               |  |
| 2 Membership dues and assessments                          |                           |               |                                      |               |  |
| 3 Interest on savings and temporary cash investments       |                           |               | <b>14</b>                            | <b>2</b>      |  |
| 4 Dividends and interest from securities                   |                           |               |                                      |               |  |
| 5 Net rental income or (loss) from real estate             |                           |               |                                      |               |  |
| a Debt-financed property                                   |                           |               |                                      |               |  |
| b Not debt-financed property                               |                           |               |                                      |               |  |
| 6 Net rental income or (loss) from personal property       |                           |               |                                      |               |  |
| 7 Other investment income                                  |                           |               |                                      |               |  |
| 8 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               | <b>1,000</b>   |
| 9 Net income or (loss) from special events                 |                           |               |                                      |               |  |
| 10 Gross profit or (loss) from sales of inventory          |                           |               |                                      |               |  |
| 11 Other revenue   | a                         |               |                                      |               |  |
|  | b                         |               |                                      |               |  |
|  | c                         |               |                                      |               |  |
|  | d                         |               |                                      |               |  |
|  | e                         |               |                                      |               |  |
| 12 Subtotal. Add columns (b), (d), and (e)                 |                           |               | <b>0</b>                             | <b>2</b>      | <b>182,049</b>   |
| 13 Total. Add line 12, columns (b), (d), and (e)           |                           |               |                                      | <b>13</b>     | <b>182,051</b>   |

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions ) |
|----------|--|
| <b>8</b> | <b>Program Services</b>  |
|          |  |
|          |  |
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**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting foundation to a noncharitable exempt organization of
  - (1) Cash
  - (2) Other assets
- b Other transactions
  - (1) Sales of assets to a noncharitable exempt organization
  - (2) Purchases of assets from a noncharitable exempt organization
  - (3) Rental of facilities, equipment, or other assets
  - (4) Reimbursement arrangements
  - (5) Loans or loan guarantees
  - (6) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

|       | Yes | No                                  |
|-------|-----|-------------------------------------|
| 1a(1) |     | <input checked="" type="checkbox"/> |
| 1a(2) |     | <input checked="" type="checkbox"/> |
| 1b(1) |     | <input checked="" type="checkbox"/> |
| 1b(2) |     | <input checked="" type="checkbox"/> |
| 1b(3) |     | <input checked="" type="checkbox"/> |
| 1b(4) |     | <input checked="" type="checkbox"/> |
| 1b(5) |     | <input checked="" type="checkbox"/> |
| 1b(6) |     | <input checked="" type="checkbox"/> |
| 1c    |     | <input checked="" type="checkbox"/> |

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions and sharing arrangements |
|-------------|---------------------|---|---|
| <b>N/A</b>  |                     |   |   |
|             |                     |   |   |
|             |                     |   |   |
|             |                     |   |   |
|             |                     |   |   |
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|             |                     |   |   |
|             |                     |   |   |
|             |                     |   |   |
|             |                     |   |   |
|             |                     |   |   |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| <b>N/A</b>               |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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

May the IRS discuss this return with the preparer shown below?  
 See instructions  Yes  No

Sign Here **TREASURER**  
 Signature of officer or trustee: *See Form 99019 Attached* Date: \_\_\_\_\_ Title: \_\_\_\_\_

|                               |  |  |  |                              |                         |  |
|-------------------------------|--|--|--|------------------------------|-------------------------|--|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Dorothy Reinert</b>                     |  | Preparer's signature<br><b>Dorothy Reinert</b> |                              | Date<br><b>11/15/18</b> | Check <input checked="" type="checkbox"/> if self-employed |
|                               | Firm's name ▶ <b>Dorothy B. Reinert, CPA, PLLC</b>                       |  |  | PTIN<br><b>P00875555</b>     |                         |  |
|                               | Firm's address ▶ <b>905 Cove Parkway, Suite 103 Cottonwood, AZ 86326</b> |  |  | Firm's EIN ▶                 |                         |  |
|                               |  |  |  | Phone no <b>928-821-5898</b> |                         |  |

DAA

|   |  |             |
|---|--|-------------|
| Form <b>990-PF</b>  | <b>Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons</b> | <b>2017</b> |
| For calendar year 2017, or tax year beginning _____, and ending _____ |  |             |

|                                      |   |
|--------------------------------------|---|
| Name: <b>STEPS TO RECOVERY HOMES</b> | Employer Identification Number<br><b>46-3225513</b> |
|--------------------------------------|---|

**Form 990-PF, Part II, Line 20 - Additional Information**

| Name of lender          | Title            |
|-------------------------|------------------|
| (1) <b>OFFICER LOAN</b> | <b>PRESIDENT</b> |
| (2)                     |                  |
| (3)                     |                  |
| (4)                     |                  |
| (5)                     |                  |
| (6)                     |                  |
| (7)                     |                  |
| (8)                     |                  |
| (9)                     |                  |
| (10)                    |                  |

| (1)  | Original amount borrowed | Date of loan    | Maturity date | Repayment terms | Interest rate |
|------|--------------------------|-----------------|---------------|-----------------|---------------|
| (1)  | <b>5,665</b>             | <b>09/01/13</b> |               |                 | <b>0.000</b>  |
| (2)  |                          |                 |               |                 |               |
| (3)  |                          |                 |               |                 |               |
| (4)  |                          |                 |               |                 |               |
| (5)  |                          |                 |               |                 |               |
| (6)  |                          |                 |               |                 |               |
| (7)  |                          |                 |               |                 |               |
| (8)  |                          |                 |               |                 |               |
| (9)  |                          |                 |               |                 |               |
| (10) |                          |                 |               |                 |               |

| Security provided by borrower | Purpose of loan       |
|-------------------------------|-----------------------|
| (1) <b>NONE</b>               | <b>FOR OPERATIONS</b> |
| (2)                           |                       |
| (3)                           |                       |
| (4)                           |                       |
| (5)                           |                       |
| (6)                           |                       |
| (7)                           |                       |
| (8)                           |                       |
| (9)                           |                       |
| (10)                          |                       |

| Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year |
|-----------------------------------|----------------------------------|----------------------------|
| (1)                               | <b>20,319</b>                    | <b>9,056</b>               |
| (2)                               |                                  |                            |
| (3)                               |                                  |                            |
| (4)                               |                                  |                            |
| (5)                               |                                  |                            |
| (6)                               |                                  |                            |
| (7)                               |                                  |                            |
| (8)                               |                                  |                            |
| (9)                               |                                  |                            |
| (10)                              |                                  |                            |
| <b>Totals</b>                     | <b>20,319</b>                    | <b>9,056</b>               |

**Federal Statements**

**Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets**

| Description | Whom Sold | Date Acquired | Date Sold | How Received | Sale Price | Cost     | Expense | Depreciation | Net Gain / Loss |
|-------------|-----------|---------------|-----------|--------------|------------|----------|---------|--------------|-----------------|
|             |           |               |           |              |            |          |         |              |                 |
|             | Dodge Van | 1/01/15       | 11/21/17  |              | \$ 2,200   | \$ 2,000 | \$      | \$ 800       | \$ 1,000        |
|             | Total     |               |           |              | \$ 2,200   | \$ 2,000 | \$ 0    | \$ 800       | \$ 1,000        |

**Statement 2 - Form 990-PF, Part I, Line 11 - Other Income**

| Description               | Revenue per Books | Net Investment Income | Adjusted Net Income |
|---------------------------|-------------------|-----------------------|---------------------|
| CLIENT SERVICES           | \$ 50,563         | \$                    | \$ 50,563           |
| MIRACLES HAPPEN PROCEEDS  | 94,105            |                       | 94,105              |
| OTHER INCOME              | 454               |                       | 454                 |
| BED FEE AND RENTAL INCOME | 35,927            |                       | 35,927              |
| Total                     | \$ 181,049        | \$ 0                  | \$ 181,049          |

**Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

| Description                      | Total    | Net Investment | Adjusted Net | Charitable Purpose |
|----------------------------------|----------|----------------|--------------|--------------------|
| Indirect Other Professional Fees | \$ 1,990 | \$             | \$ 1,990     | \$ 1,990           |
| Total                            | \$ 1,990 | \$ 0           | \$ 1,990     | \$ 1,990           |

**Federal Statements**

**Statement 4 - Form 990-PF, Part I, Line 18 - Taxes**

| Description   | Total    | Net Investment | Adjusted Net | Charitable Purpose |
|---------------|----------|----------------|--------------|--------------------|
| PAYROLL TAXES | \$ 7,039 | \$             | \$ 7,039     | \$ 7,039           |
| Total         | \$ 7,039 | \$ 0           | \$ 7,039     | \$ 7,039           |

**Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation**

| Date Acquired | Description  | Cost Basis | Prior Year Depreciation | Method        | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|---------------|--------------|------------|-------------------------|---------------|------|---------------------------|-----------------------|---------------------|
| 7/01/15       | FURNISHINGS  | \$ 2,219   | \$ 476                  | Straight Line | 7    | \$                        | \$                    | \$                  |
| 3/07/16       | Furnishings  | 600        | 71                      | S/L           | 7    | 86                        |                       | 86                  |
| 10/21/16      | Furnishings  | 850        | 20                      | S/L           | 7    | 122                       |                       | 122                 |
| 4/15/15       | Furnishings  | 2,219      | 476                     | S/L           | 7    | 317                       |                       | 317                 |
| 9/01/17       | Ford Winstar | 1,200      |                         | S/L           | 5    | 120                       |                       | 120                 |
| 9/27/17       | Kia          | 2,900      |                         | S/L           | 5    | 290                       |                       | 290                 |
| 1/01/15       | Dodge Van    | 2,000      | 800                     | S/L           | 5    |                           |                       |                     |
| Total         |              | \$ 11,988  | \$ 1,843                |               |      | \$ 935                    | \$ 0                  | \$ 935              |

**Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses**

| Description               | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---------------------------|-------|----------------|--------------|--------------------|
| Expenses                  | \$    | \$             | \$           | \$                 |
| ADVERTISING AND PROMOTION | 3,419 |                | 3,419        | 3,419              |



**Federal Statements**

**Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)**

| Description                   | Total            | Net Investment | Adjusted Net     | Charitable Purpose |
|-------------------------------|------------------|----------------|------------------|--------------------|
| AUTO EXPENSE                  | \$ 14,616        | \$             | 14,616           | \$ 14,616          |
| CLIENT EXPENSES               | 4,025            |                | 4,025            | 4,025              |
| COMPUTER AND INTERNET EXPENSE | 5,712            |                | 5,712            | 5,712              |
| CONSIGNMENT                   | 1,035            |                | 1,035            | 1,035              |
| CREDIT CARD EXPENSE           | 3,863            |                | 3,863            | 3,863              |
| DRUG SCREENS AND LAB FEES     | -5               |                | -5               | -6                 |
| EMPLOYEE TRAINING             | 580              |                | 580              | 580                |
| EVENT EXPENSE                 | 13,302           |                | 13,302           | 13,302             |
| IN KIND LABOR                 | 2,189            |                | 2,189            | 2,189              |
| INSURANCE                     | 7,211            |                | 7,211            | 7,211              |
| MEALS AND ENTERTAINMENT       | 696              |                | 696              | 696                |
| OFFICE SUPPLIES               | 8,964            |                | 8,964            | 8,964              |
| OUTSIDE LABOR                 | 1,701            |                | 1,701            | 1,701              |
| OTHER FEES                    | 20               |                | 20               | 20                 |
| SHIPPING & HANDLING           | 1,043            |                | 1,043            | 1,043              |
| TELEPHONE                     | 986              |                | 986              | 986                |
| UTILITIES                     | 12,764           |                | 12,764           | 12,764             |
| <b>Total</b>                  | <b>\$ 82,121</b> | <b>\$ 0</b>    | <b>\$ 82,121</b> | <b>\$ 82,120</b>   |

**Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

| Description  | Beginning Net Book | End Cost / Basis | End Accumulated Depreciation | Net FMV         |
|--------------|--------------------|------------------|------------------------------|-----------------|
| VEHICLES     | \$ 4,230           | \$ 7,769         | \$ 1,502                     | \$ 4,000        |
| FURNISHINGS  | 1,743              |                  |                              | 1,743           |
| FURNISHINGS  | 1,359              |                  |                              | 1,359           |
| <b>Total</b> | <b>\$ 7,332</b>    | <b>\$ 7,769</b>  | <b>\$ 1,502</b>              | <b>\$ 7,102</b> |

46-3225513

**Federal Statements**

FYE: 12/31/2017

**Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets**

| <u>Description</u> | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> | <u>Fair Market<br/>Value</u> |
|--------------------|------------------------------|------------------------|------------------------------|
| SECURITY DEPOSIT   | \$ 1,300                     | \$ 1,300               | \$ 1,300                     |
| Total              | \$ 1,300                     | \$ 1,300               | \$ 1,300                     |

**Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities**

| <u>Description</u>  | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|---------------------|------------------------------|------------------------|
| CREDIT CARDS        | \$ 8,282                     | \$ 10,077              |
| PAYROLL LIABILITIES | 14,154                       |                        |
| CLIENT SAVINGS      | 1,783                        |                        |
| Total               | \$ 24,219                    | \$ 10,077              |

## Federal Statements

Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc.

| Name and Address  | Title     | Average Hours | Compensation | Benefits | Expenses |
|---|-----------|---------------|--------------|----------|----------|
| DAMIEN BROWNING<br>1120 PEAKS VIEW DR<br>CLARKDALE AZ 86324-3511  | DIRECTOR  | 40.00         | 30,600       | 0        | 0        |
| ANNE BROWNING<br>1120 PEAKS VIEW DR<br>CLARKDALE AZ 86324-3511    | TREASURER | 20.00         | 0            | 0        | 0        |
| KIM WRIGHT<br>401 CELESTIAL DRIVE<br>CLARKDALE AZ 86324-3511      | DIRECTOR  | 5.00          | 0            | 0        | 0        |
| ARNIE WRIGHT<br>401 CELESTIAL DRIVE<br>CLARKDALE AZ 86324-3511    | PRESIDENT | 20.00         | 0            | 0        | 0        |
| BARBARA EHRGOTT<br>4808 E VERDE VIEW DRIVE<br>COTTONWOOD AZ 86326 | DIRECTOR  | 5.00          | 0            | 0        | 0        |
| STACEY SHURTZ<br>PO BOX 293<br>CORNVILLE AZ 86325                 | SECRETARY | 40.00         | 19,815       | 0        | 0        |
| CHRIS HEYER<br>10810 E OAK TRAIL<br>CORNVILLE AZ 86325            | DIRECTOR  | 5.00          | 0            | 0        | 0        |
| JENNIFER EDDINGFIELD<br>2045 FRAQUERO LANE<br>COTTONWOOD AZ 86326 | DIRECTOR  | 5.00          | 0            | 0        | 0        |
| DONNA CHALMERS<br>1039 W ON THE GREENS<br>COTTONWOOD AZ 86326     | DIRECTOR  | 5.00          | 0            | 0        | 0        |

46-3225513

**Federal Statements**

FYE: 12/31/2017

**Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000**

| Name of Manager | Amount                |
|-----------------|-----------------------|
| None            | \$ _____              |
| Total           | \$ <u>          0</u> |

**Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock**

| Name of Manager | Amount                |
|-----------------|-----------------------|
| None            | \$ _____              |
| Total           | \$ <u>          0</u> |

**Statement 11 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications**Description

Damien Browning 928-821-3526  
 1120 PEAKS VIEW DR CLARKDALE AZ 86324-3511  
 dbrowning1@live.com

**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**Description

Not Applicable

**Form 990-PF, Part XV, Line 2c - Submission Deadlines**Description

Not Applicable

**Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations**Description

Not Applicable