# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Ā	For the	2016 calendar year, or tax year beginning いてっちょんり 2015 , 2016 and endi	ng $SE$	PIGMBER	30,20 176
	Check if a			D Employ	er identification number
	Address o			46	- 4784526
	Name cha				ne number
	Initial retu	147 , 177 , 1, 1, 2 , 1	t24	(253	) rr9-0357
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		611. PA 1. A 9 ( CA)		<b>G</b> Gross re	ocainte ¢
_	Amended		Ulas Is ab.		subordinates? Yes No
ப	Application	n pending F Name and address of principal officer:		-	
					s included? Yes No a list (see instructions)
<u>!</u> _	Tax-exem	<del></del>	<b></b> -i		•
<u></u>	Website:			oup exemption	<del></del>
_		ganization. Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms	ation $\wedge o$	14 M State	of legal domicile: WA
F	art I	Summary	= 0		
	1 1	Briefly describe the organization's mission or most significant activities: ปุรุเ คพอ อาคะใ Mis (ยนคพยิงหรั Ass เราคพยายายายายายายายายายายายายายายายายายาย	17/16	NIAL, FO	OD, KRESCRIPTION, CLOTH
ည		AND OTHER MISCELLANGOUS ASSISTANCE PROVIDED TO	THE P	OUR AND	NEEDY
ц	ļ.	THROUGH CHURCH-RELATED URGANIZATIONS			·
) <u>\$</u>	1	Check this box $lacktriangle$ if the organization discontinued its operations or disposed	of more t	han 25% of	its net assets.
ි ලි		······································			8
್ಗ		Number of independent voting members of the governing body (Part VI, line 1b	) <i>.</i>	. 4	<b>₽</b>
ë ë	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	<u> </u>
এ—শুমুধু ৮ ঐত্য Activities & Governance	6	Total number of volunteers (estimate if necessary)		. 6	115
A	7a `	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	O
· ·	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	
Revenue			Prio	r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	225	1070	275,460
	9	Program service revenue (Part VIII, line 2g)		0	U
		investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40	Ü
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22	5, 110	275,460
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71		267 388
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
m	•	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	6
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ē	1	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u> </u>		······
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1 2	.891	15 891
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,536	283 271
		Revenue less expenses. Subtract line 18 from line 12		7 426	(3 6.1
_ 0				f Current Year	End of Year
ets or		Total assets (Part X, line 16)		5,907	38,096
Seg-	20		<del></del>	· · · · · · · · · · · · · · · · · · ·	70,816
Net Asse Fund Ball	21		H	<u> </u>	26 27
_				5,907	38,096
_	art II	Signature Block	<del></del>	<del></del> _	<del></del>
Ur	der penal	ues of perjury, I declare that I have examined this return, including accompanying schedules and stat and complete. Declaration of preparer (other than office) is based on all information of which prepar	tements, and for has any kr	to the best of i	my knowledge and belief, it is
		The Company of the Co		<del></del>	
<b>C</b> :.		Thurst comy		J July	· 21, 201+
Sig	-	Signature of officer		Date	•
He	re	PATRICK E. DALY PRESIDENT			
		Type or print name and title			
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	
	epare	·		self-em	ployed
	se Only	1	]	Fırm's ElN ▶	
		Firm's address ▶		Phone no	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
Fo	Paperw	ork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form <b>990</b> (2016)

Part		nent of Program Service		net III	
1.	Briofly docc	the the organization's mission	sponse or note to any line in this Pa		
	LATU 1	CI PS. MAL. EUN D	RESCRIPTION CLOTHING I D THROUGH CHURCH-LE	AND ATHER MISCELLANE	eu l
	Ac	51 1 100 D TO Day in E	N THROUGH CHURCH- AR	TATEN ORGANIZATIONS	<i>T</i> 2
	7	HE POOL AND NEEDY	i.		
		'			
2			ficant program services during the ye		
	prior Form 9	90 or 990-EZ?		[	∐Yes 🔯No
	If "Yes," des	scribe these new services on	Schedule O.		,
3	-		, or make significant changes in h		
					∐Yes ∭XNo
	-	scribe these changes on Sche			•
4			vice accomplishments for each of its		
			) organizations are required to report	t the amount of grants and alloca	itions to others,
	the total exp	benses, and revenue, it any, it	or each program service reported.		
4-	(O = d = :	) (Fire and a fi	including growth of th	) /D	<del></del>
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
					,
	*			~	
		•			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	,				
		·			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		•			
4d	Other progr	am services (Describe in Sch	edule O.)		
-,4	(Expenses 9			\$	
40		am service expenses	7 (	<del>·</del>	<del></del>

Part	Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
	Part III	5		X
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		Y
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		У
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Y
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.	,	ígě.	, ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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		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 (see instructions)	17		Х
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		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		Y
		Form	n <b>990</b>	(2016)

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Part	Checklist of Required Schedules (continued)		V	1
20 °,	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		├╱┈
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 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		K
	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 any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		¥
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	×	X
		For	n <b>99</b> 0	(2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		. 🗆
`			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\$		}
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	ĺ	ļ
20		1c		<b>├</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	} .		1
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [0]  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		├
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1-7
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		_	<del> </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		}	
	(FBAR).			ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	. ا		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
U	gifts were not tax deductible?	6ь	<u>'</u>	
7	Organizations that may receive deductible contributions under section 170(c).	OD		ļ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ĺ '
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		LX.
0	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	l-°		<del>                                     </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		1
11	Section 501(c)(12) organizations. Enter:			Í
a	Gross income from members or shareholders	]		ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	}		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		<del></del>
ь	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
_	the organization is licensed to issue qualified health plans			· '
c	Enter the amount of reserves on hand	1		ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
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		46	- 478	42	56
Form 99	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ough 7b l in Schedu	pelow, and le O. See l	for a	Page 6 "No" tions.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u> </u>	· · ·	<u>. 🔀</u>
Secti	on A. Governing Body and Management			Yes	T No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a &	<b>F</b> [	res	No
	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.	<u></u>	95 .		
ь 2	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 rany other officer, director, trustee, or key employee?	·=·	with 2		X
3	Did the organization delegate control over management duties customarily performed by or e supervision of officers, directors, or trustees, or key employees to a management company or other		direct 3		X
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	n's assets	?. 5		XXX
	one or more members of the governing body?		. 78	_	X
ь 8	stockholders, or persons other than the governing body?		. 7t	•	X
	the year by the following:	Jeriaken u			1
a b	The governing body?		. 8a	<del>-~-</del>	<del>├</del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	t be reach	ed at	1	X
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal I		Code.	
			F	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?				<del> </del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the fo		<del></del>	<del>                                     </del>
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	· · · · · · · · · · · · · · · · · · ·	. 12 licts? 12		X
c	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done.	olicy? If "	ļ		
13	Did the organization have a written whistleblower policy?		. 13		X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approv	al by	X	
a b	The organization's CEO, Executive Director, or top management official		<u> </u>	<del></del>	X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to evalua safeguar	te its		X
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► ₩ ¼  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, are available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (S	Section 50	1 (c)(3)	s only)
19	Own website Another's website Upon request Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.		t of interes	t polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization PATRICK DALY 4701 772 AVE SW # 424 BLYMIN, WA 985	n's books ひょしし	53) rvg	-035	
	, , , , , , , , , , , , , , , , , , , ,	_	Fo	rm <b>99</b> 0	(2016)

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

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.

WCheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization not	any relate	u Orga		atio	11 0	ompe	1154	ted any curren	t officer, director	, or trustee.
	1			(C	<b>C)</b>			]		
(A)	(B)			Posi				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
realle and The	hours per					ıs both or/trust		compensation	compensation from	amount of
	week (list any							from	related	other
	hours for	걸린	먌	Officer	<b>ê</b>	불章	Former	the	organizations	compensation
	related	夏호	🛊	鱼	<u> </u>	[ \$ <u>\$</u>	[₫	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호텔	8		嶈	88		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee	- 1	Key employee	#	l			organizations
	<b>'</b>	itee	l st		"	3	ŀ	1		
	1		8			Highest compensated employee	}			
0	<del> </del>		$\vdash$		_		$\vdash$			
(1) PATRICK DALY	4.0				1			}		
PRESIDENT (2) SEROME DIDIER						ĺ		0	J	O
(2) SEROME DIDIER	1.5									
VICE-PRESIDENT			Ш	4			L	ď	0	0
(3) DENNIS JOHNSON	1.0				ŀ				_	
SECRE TARY		L		2	L_	<u> </u>	L	8	0	<u>ට</u>
(4) DIANNE PERKINS	11:0			٦	/		}			
TREASURER (5) CARNE FISHER	ļ			V	L.		L_	0	0	<u> </u>
(5) CHRULE FISHER	1:0							]		
DIRECTOR	<u> </u>	\ <u> </u>		_	ļ	<u> </u>	<b> </b>	0	ن	0
(6) KENNETH CONRAD	1.0.				1		1			O
DIRECTOR	<del>                                     </del>		┦	_	<del> </del>		<del> </del>	0	0	
60 COOR THEINE BURECTOR	1.0				1	l	Ī	0	v	0
	1 1	-	$\vdash$	-		-	├	}		<del></del>
	1.0	<b>V</b>	] [		ļ	ļ	ļ	U	ان	6
(9)			1		-	<del> </del>	┝╌			
(a)	<del> </del>	İ				1	1	ĺ		
(10)		<del>                                     </del>			-		$\vdash$	<del></del>		<del></del>
<u> </u>	†		! !		Į	İ			ļ	
(11)	<del></del>			_	l —		T			
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(12)							Γ			
			Щ		L	ļ	L			 <del> </del>
(13)						Ī				
	<u> </u>	<b>}</b>			_	<b>}</b> _	-	<b> </b>		<del></del>
(14)	<b>4</b>	1			1					
	1	l	1 1		ľ	ł	1		l i	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	ighes	st C	ompensated E	mployees (	continu	ıed)		
			_		•	C)								
•	(A)	(B)	(do n	at ch		ition	than c	nne	(D)	(E)	1		(F)	
	Name and title	Average	box, ι	unles	s pe	rson	is both	an	Reportable	Reportab			mated	
		hours per week (list any	office	rano	_	rect	or/trust	_	compensation from	compensation related	n from		ount of	
		hours for	우급	Inst	Officer	<u>중</u>	흵등	Former	the	organizatio	ons		pensatio	n
		related	Individual trustee or director	i i	er	Key employee	best	퍨	organization	(W-2/1099-N	AISC)		m the	_
		organizations below dotted	호호	3	1	흥	8 8		(W-2/1099-MISC)		Ì		inization related	
		line)	Test 1	2		8	npe	1	Į.	}	- 1		nization	
			8	Institutional trustee			Highest compensated employee							
				Ľ			ed							
(15)					ļ									
		<u> </u>		_	<u> </u>									
(16)		<u> </u>							1		ľ			
		ļ	<b> </b>					ļ						
(17)			]						İ					
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(18)		ļ	ļ		ļ				ļ		1			
		<u> </u>	<u> </u>	_	<u> </u>	_		_	ļ					
(19)		<b></b>	}				ĺ				İ			
		<b></b>	-	<u> </u>	<u> </u>	ļ		<u> </u>	ļ					
(20)		ļ	1											
(04)			<del> </del>	ļ	├-	$\vdash$	ļ		<b></b>	<del> </del>				
(21)		<del> </del>	{					l	ļ		- 1			
(00)		<del> </del>		-	-	┝	ļ	-	<del> </del>					
(22)		<del> </del>	ł		1	1					}			
(02)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	├──	┢	├	├─	├	-						
(23)		<del> </del>	1			ŀ			1					
(24)		<del> </del> -		├	$\vdash$	├	├─	┝	<del></del>	<del></del>				
(24)		<del> </del>	1											
(25)		<del> </del>	<u> </u>		H	╁	<del> </del>	├	ļ					
(23)		<del> </del>	1			i	{	1	1		1			
1b	Sub-total	<u> </u>	<u>.                                    </u>	1	Ь	ــــــــــــــــــــــــــــــــــــــ	L	-	<del> </del>		-+			—
c	Total from continuation sheets to Part	VII. Sectio	n A		•	•		<b>.</b>		<del></del>				
ď	Total (add lines 1b and 1c)	-		•	•	•		•						
2	Total number of individuals (including but						ahove	e) w	ho received m	ore than \$1	UU UUU	of		
_	reportable compensation from the organ			.000	,	.cu	4501	-, ••	no reconted in	oro triair wr	00,000			
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated	1		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3		X
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	n a	nd other comp	ensation fr	om the	,		
	organization and related organizations	greater th	an \$1	150,	000	)? <i>I</i>	f "Ye	s, "	complete Sch	edule J fo	r such	,		
	individual				-							4		X
5	Did any person listed on line 1a receive of									zation or inc	lıvidua	1		. /
	for services rendered to the organization	? If "Yes," o	compl	ete	Scl	hedu	ıle J 1	for s	such person		<u> </u>	5		X
Section	n B. Independent Contractors								<del></del>					
1	Complete this table for your five highest													
	compensation from the organization. Rep	_	ensatio	on f	or ti	ne c	alend	lar y	ear ending wit	h or within	the org	janizatio	on's ta	ЭX
	year. Non	16												
	(A) Name and business add	drana						١	(B) Description of s	andaaa		(C)		
	Name and pusinessauc							↓_	Description or s	ervices		Compens		
								<b>├</b> ─						
	<del></del>	<del></del>						├-						
	<del></del>							-						
	<del></del>							├			<del></del>			
2	Total number of independent contractor	ors (includi	na hi	ıt n	ot	lımit	ed to	) th	nose listed abo	ove) who				
_	received more than \$100,000 of compens							<i>-</i> "	.coc nated abi	370, 1110				1
				<u> </u>		,								

relit	لللانح	Check if Schedule O contains a response or note to	o any line in this	Part VIII		
	<del>`</del> -	Oncor ii Goricadio O comanio a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ts	1a	Federated campaigns 1a				
ira oun	ь	Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c				
Sift	d	Related organizations 1d			į	
imi,	е	Government grants (contributions) 1e			}	İ
tio er S	f	All other contributions, gifts, grants,	Ì			į
Contribution and Other	ļ	and similar amounts not included above 11 275,460	,		1	ļ
ط <u>و</u> م	g	Noncash contributions included in lines 1a-1f. \$	1 . 2 ~ 111		ļ	ļ
	h	Total. Add lines 1a-1f	275,460		ļ	<b> </b>
Program Service Revenue	_	Business Code			-	1
eve	2a		<del></del>		<del> </del>	ļ
8	b				<del> </del>	<del></del>
Ξ̈́	d		<del></del>			
Š	e		<del></del>			<del> </del>
gra	f	All other program service revenue .	<del> </del>			<u> </u>
ě	g	Total. Add lines 2a-2f	U		<u> </u>	<u> </u>
	3	Investment income (including dividends, interest,	<u>-</u>	<del></del>	T	(
		and other similar amounts)	l 0		1	ļ
	4	Income from investment of tax-exempt bond proceeds ▶	()			
	5	Royalties	o			
	}	(i) Real (ii) Personal				
	6a	Gross rents	}			}
	b	Less: rental expenses	[		İ	
	С	Rental income or (loss)	. i			
	_d	Net rental income or (loss)	U	<del></del>	<b></b>	Ĺ <u></u>
	7a	Gross amount from sales of (i) Securities (ii) Other	{			
		assets other than inventory				
	b	Less: cost or other basis and sales expenses .	1			
		<u> </u>	{			
	d	Gain or (loss)	ا رہ ا		-	
	ď	Net gain of (loss)				
Æ	8a	Gross income from fundraising	1			
en/		events (not including \$			t	
è		of contributions reported on line 1c).	)		}	
<u> </u>	Ì	See Part IV, line 18 a				}
Other Reve	ь	Less: direct expenses b	1		1	
•	c	Net income or (loss) from fundraising events . ▶	ן ני ר			· .
	9a	Gross income from gaming activities.		<del></del>		
	ļ	See Part IV, line 19 a	ļ			
	b	Less: direct expenses b	] . ]			
	C	Net income or (loss) from gaming activities	U			
	10a	Gross sales of inventory, less				{
	١.	returns and allowances a	Į į			
	li .	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶	-			
	C	Miscellaneous Revenue Business Code			<del> </del>	<del> </del>
	11a	Dualities out	1	-	-	
	ь		<del> </del>		<del> </del>	
	C		<u> </u>		<del> </del>	
	d	All other revenue	1	<del></del>	<del> </del>	<del></del>
	e	Total. Add lines 11a-11d			<u> </u>	
	12	Total revenue. See instructions	275.460		<u> </u>	
				··	<del>* </del>	Form <b>990</b> (2016)

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	267,380	267,380		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				<del></del>
13	Office expenses	7,450	7,456		
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 .				
20	Interest		<b> </b>	<u> </u>	
21	Payments to affiliates	ļ			
22	Depreciation, depletion, and amortization .	15	1.0.		
23	Insurance	¥50	750		
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 O.)				,
а				<del> </del>	<del></del>
b				<del>-</del>	
C				<del> </del>	
d				1	
е	All other expenses	7.091	7.691		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	283, 241	283.271		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	,	<del>',</del>		
	from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

art X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Par	t X		<del></del>
	Shook in concease of contains a response of field to any line in this field	(A) Beginning of year	İ	(B) End of year
1	Cash—non-interest-bearing	45,907	1	38,096
2	Savings and temporary cash investments		2	<del></del>
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		1	
]	trustees, key employees, and highest compensated employees.		1 1	
	Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section		+	
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
ł	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
}	organizations (see instructions). Complete Part II of Schedule L		6	
-	· · · · · · · · · · · · · · · · · · ·		7	<del></del>
7	Notes and loans receivable, net		8	
8	Inventories for sale or use	<del></del>	<del></del>	
9	Prepaid expenses and deferred charges		9	<del></del>
10a	Land, buildings, and equipment: cost or		1 1	
l .	other basis. Complete Part VI of Schedule D		1	
b	Less: accumulated depreciation 10b	<del></del>	10c	<del></del>
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	<del> </del>
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	45,907	16	38,096
17	Accounts payable and accrued expenses		17	· <del></del>
18	Grants payable		18	
19	Deferred revenue		19	· <del></del>
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors,		1 1	
}	trustees, key employees, highest compensated employees, and		j	
}	disqualified persons. 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		1	
1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ►  and	<del></del>		
	complete lines 27 through 29, and lines 33 and 34.		1 1	_
27	Unrestricted net assets	45907	27	38,096
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		1 1	
1	complete lines 30 through 34.		1	
30	Capital stock or trust principal, or current funds	=	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	45,907	33	38,696
34	Total liabilities and net assets/fund balances	45 602	34	38,096
			<del></del>	Form <b>990</b> (

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Form **990** (2016)

Form 990 (2016) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 3 Revenue less expenses. Subtract line 2 from line 1 . . . 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . 4 5 5 6 Donated services and use of facilities 6 7 Investment expenses . . . . 7 8 8 O Other changes in net assets or fund balances (explain in Schedule O) . . . . . 9 9 ۸ 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 38,096 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . Yes No Accounting method used to prepare the Form 990: Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### SCHEDULĘ A (Form 990 or 990-EZ)

## **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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Doop to Rubl

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

Open to Public Inspection

Employer identification number

Name								D		4		-		. \		`		Employer ide	entificatio	n number
	_																Council			84526
Par									_ <del></del>	<del>`</del>						<u> </u>	e this p	art.) See in	struction	ons.
1 ne c																		ie 60x.) 0(b)(1)(A)(i).		
2	_			•													or 990-E		•	
									-		-						170(b)(1			
4																			(b)(1)(A)	(iii). Enter the
							and s													
5										nefit of art II.)	a co	llege	or un	iversity	/ own	ed o	r operate	ed by a gov	ernmen	tal unit described in
																		(1)(A)(v).	£	- 46
7	_	des	cribe	d in	sect	ion '	170(b	)(1)(	A)(vi).	(Comp	olete F	Part II	l.)				a gover	nmentai uni	t or iror	n the general public
8				•										mplete		-				
9		or u		rsity																land-grant college f the college or
10		rece sup	eipts port	fron	act gro	ivitie: ss in	s rela vestn	ted t rent	o its e	exempt ne and	: funct unrela	tions- ated t	—subj busine	ject to d	certai able ii	n exc	eptions.	and (2) no rection 511 to	nore tha	p fees, and gross in 33½% of its businesses
11				•		_										-	-	ion 509(a)(4	).	
12																				rry 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																			
а	<b>Type I.</b> 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. <b>You must complete Part IV, Sections A and B.</b>																			
b	<b>Type II.</b> 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). <b>You must complete Part IV, Sections A and C.</b>																			
С	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.						ally integrated with,													
d	ī					•		-							_					orted organization(s)
_	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.																			
е	(																ne IRS th organizat	at it is a Typ ion.	e I, Typ	e II, Type III
f										ations										
<u>g</u>	PI	rovi	de th	e fo	lowi	ng in	forma	ation	abou	t the si	uppor	ted o	rganiz	zation(s	<u>s).</u>					
	(I) N	Vame	of SL	pport	ed org	janizai	tion		(i	ii) EIN	(d	lescnb	ed on l	anization ines 1-10 ructions))	) listed		rganization ir governing nent?	(v) Amount of support instructi	(see	(vi) Amount of other support (see instructions)
								ĺ							Y	es	No	1		}
(A)																_			<del>, , , , , ,</del>	
(B)																-				
(C)			•										· · · · · ·							
(D)															1					
(E)											+	<del></del>			1					
Tota	<u> </u>														+			t		<del></del>

Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>	<u> </u>	<del></del>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u></u>		<u> </u>	<u>L</u>	
	on B. Total Support		1 0) 20/2	1	1 10 0010	1	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7			<del>                                     </del>				<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
<del></del>	organization, check this box and stop he			· · · · ·	• • • •	· · · · ·	<u> </u>
	on C. Computation of Public Support Public support percentage for 2016 (line)			11 ookuma (fi)		14	
14 15	Public support percentage for 2015 (iii) Public support percentage from 2015 Sci		•			15	<u>%</u>
16a	331/3% support test—2016. If the organ						
	box and stop here. The organization qua						
b	b 33½% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts "facts-and-circ	s-and-circumst cumstances" to	tances" test, clest. The organ	heck this box a ization qualifie	and <b>stop here</b> s as a publicly	. Explain ın
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization is supported organization	ation meets the "faction of the state of the	ne "facts-and- cts-and-circum	circumstances istances" test.	" test, check The organizat	this box and some some thing the some some some some some some some som	stop here. a publicly
18	Private foundation. If the organization dinstructions						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				125,070	275,460	500,530
2	Gross receipts from admissions, merchandise				7 5,070	01-,160	
_	sold or services performed, or facilities	•			į į		
	furnished in any activity that is related to the organization's tax-exempt purpose				انا	ا ہ	6
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	i			0	Ú	O
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf				U	6	<b>o</b>
5	The value of services or facilities				[		
	furnished by a governmental unit to the	ı					
	organization without charge				L	6	0
6	Total. Add lines 1 through 5				228,0 to	275,460	506, 530
7a	Amounts included on lines 1, 2, and 3	ı	}			<b>'</b>	
	received from disqualified persons .	<del></del>	<u> </u>		O	Ö	
b	Amounts included on lines 2 and 3	1			i		
	received from other than disqualified persons that exceed the greater of \$5,000	•			l	ļ	
	or 1% of the amount on line 13 for the year				0	ð	•
С	Add lines 7a and 7b	<del></del>	<del> </del>	<del> </del>	0	0	0
8	Public support. (Subtract line 7c from					- 0	
	line 6.)		}		}		500,530
Secti	on B. Total Support		· · · · · · · · · · · · · · · · · · ·	·		·	<del></del>
	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6				225,070	275,460	500,530
10a	Gross income from interest, dividends,	[					
	payments received on securities loans, rents,		İ		l		. 1 .
	royalties and income from similar sources .	ļ <del> </del>		<b>.</b>	40	0	40
þ	Unrelated business taxable income (less	İ		}	}		
	section 511 taxes) from businesses acquired after June 30, 1975		}		U		^
_	·		<del></del>		<del> </del>	0	
С 11	Add lines 10a and 10b				40	υ	40
• •	activities not included in line 10b, whether				1		
	or not the business is regularly carried on		1	ļ	U	U	U
12	Other income. Do not include gain or		<b></b>				
	loss from the sale of capital assets	1	]	[	}		
	(Explain in Part VI.)			<u> </u>	U	υ	D
13	Total support. (Add lines 9, 10c, 11,				226	22/11	6 - 61
	and 12.)	L	<u>[</u>	<u> </u>	225/110	275,460	500,570
14	First five years. If the Form 990 is for the				_		n 501(c)(3)
	organization, check this box and stop he			<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	· · • 🛂
	on C. Computation of Public Suppor			101 (0)	<del></del>	145	
15	Public support percentage for 2016 (line to		-				
16 Socti	Public support percentage from 2015 Schon D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	16	%
17	Investment income percentage for 2016 (			ov line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2015					<del></del>	<del></del>
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 16	s is more than 3	_
	line 18 is not more than 331/3%, check this	box and <b>stop I</b>	<b>nere.</b> The organ	uzation qualifie:	s as a publicly s	upported organ	ization 🕨 🔲
20	Drivete foundation If the exemplation de	d not chack a	hay on line 14	100 or 10h	chock this box	and coo inctru	otiona N 🗀

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CHEDULE	orm 990)
<b>BCH</b>	For

SCHEDULE (Form 990)	DULE 1 990)			Grants and Governments	Grants and Other Assistance to Organizations, overnments, and Individuals in the United Stat	tance to Org uals in the L	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States		OMB No 1545-0047	
Departme	Department of the Treasury		Ω Iofid	omplete if the organ mation about Schec	ization answered "Yes" on Fo ► Attach to Form 990. Jule I (Form 990) and Its instru	'Yes" on Form 990, Form 990. Id its instructions i	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.  ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	1980.	Open to Public Inspection	4)
Name of	ح	5	of ST. Jincent de	Part Central	un enscab	CASCADES DISTRIG COUNCIL	COUNCIL		Employer identification number 46-478456	1
Part	General Infor	mation	General Information on Grants and Assistance	Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in maintair	n records to subs	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assis	stance, and	
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e organiz	ation's procedur	es for monitoring t	he use of grant fu	nds in the United				ļ
E	Grants and O	ther Assine 21, fo	sistance to Do	mestic Organizations that received more	ations and Don ore than \$5,000.	nestic Governm Part II can be d	<b>ents.</b> Complete if uplicated if additic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answ 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
(B)	(a) Name and address of organization or government	nization	( <b>p</b> )	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
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E										
8										ļ
<b>2</b>										
91										1
2										
81										1
~ ~	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	f section (	501(c)(3) and gov	ernment organizat	ions listed in the l	ine 1 table			<b>A</b>	
Pan Pap	Par Paperwork Reduction Act Notice, see the Instructions for Form 990.	t Notice, se	ee the Instruction	s for Form 990.		.   ö	Cat No 50055P		Schedule I (Form 980) (2016)	9

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Par III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	Imestic individual Space is needed	als. Complete if the I.	organization answ	ered "Yes" on Form 990,	Fart IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	4
-	FOUR DESISTANCE	985	34,980				
8	UTILITY ASSISTMUCE	9010	(26,520				
හ	RENTAL ASSISTANCE	1125	8 478	8			
4	PRESCRIPTION ASSISTANCE	92	CIRO 078 6 988 5	STA CAD			
S.	LONGING ASSISTANCE	501	J29'01				
ဖ	CLOTHING	16,249		95,680	Thurt stree	free elothing and brock three tens	
~	OTHER ASSISTANCE	72,	8,216	-	0		
Part IV		the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	onal information.	
	All eash assistance is it then	ithu	nih doeut	& for he	the confam	of bushood	
	or other flux paties. In Ime	er tone	nstance,	We wit it	netance, be use rough that he referred	y referred	
	at were other ( for	d, Jungton	v, nuk ica	tun, etc),	on the physics in	se send. We	
	our then bulled by the mendants for preceden referred. at is time to ask	Le made	to for he	when Mh	eemed. At ru i	to a ast	
	pre thought to the near parts of eventance	e hearpan	to the even	true			
	<u>,                                    </u>	<u></u>	Q				
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						Schedule I (Form 990) (2016)	_

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

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 Public Inspection

Name of the organization  SOCIETY OF ST. VIN CENT LE PAUL CENTRAL CASABES DISTRICTIONAL HE-4784526
Part I 110) Copies of the drapt 996 were reviewed hed appeared by The officer and directors at a board weeting from to submission
Part is 19 all downerts, book, and records her fineded to the Jubble refor request.