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

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

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	mal Reven	ue Service	► Go to www.irs.ge	ov/Form990 for i	nstructions and the	ne latest	informatio	n.  ° <i> \</i>		Inspection			
A	For the	2017 cale	ndar year, or tax year beginning	OCTUBERI	2016 , 2017, a	and endir	ng septe	MBE	R 30	, 20 / 4			
В	Check if	applicable:	C Name of organization Social		uncept de Pi	AUL				er identification number			
$\bar{\Box}$	Address	•	Doing business as CENTRAL					7	LH	-4784526			
Η	Name ch		Number and street (or P.O. box if ma			Room/su	ıite.	ET	E Telephone number				
H		•	4701 7TH AVE		(753) 279-0357								
님	Initial ret						26		(,,,	777770307			
님		m/terminated	City or town, state or province, coun							caints \$ 279 3/3			
닏	Amende	4			·*					Colpts # 1, 3			
ليا	Applicat	ion pending	F Name and address of principal office	r						subordinates? Yes No			
_										s included? L Yes L No			
<u>!</u>	Tax-exe	mpt status	∑ 501(c)(3) □ 501(c) (	) ◀ (insert no	.) 4947(a)(1) or	527	<b>⊴</b> "	"No," a	attach a	list. (see instructions)			
J	Website	: <b>&gt;</b>	NIA				H(c) Gro	up exe	mption	number >			
K	Form of	organization	Corporation Trust Associa	tion ☐ Other ►	LYea	ar of forma	tion: 2014	N	A State	of legal domicile. WA			
Р	art I	Summ	<del></del>		i i								
-	1		scribe the organization's miss	ion or most sign	ificant activities:	115011	V NEUTA	L For	D 1	PESCRIPTION CLOTHING			
Ф	1	Anna	THER MISCELLANEOUS ASS	WARK PRO	INFD TITHE	Dant D	1, 100,011,	۸. ۱	140.00	and Allunet - RELACE			
£ (∂£	1		GAYIZATIONS	13/11/406 1 600		1.001- 71	MP MEE	241-	11 100 00	ion vituled - ice in jes			
			is box ▶ ☐ if the organization	diaaadinad da					0/ 04	Ha not consta			
~. §	2		_		-	sposed	oi more a	ian 25		ils het assets.			
₽Ğ	3		of voting members of the gove					•	3	<del></del>			
⊜യ	4		of independent voting member	•	1			•	4	<u> </u>			
¥₽	5		nber of individuals employed ir	•	2017 (Part V, line	e 2a) .		•	5	0			
	6	Total nun	nber of volunteers (estimate if i	necessary) .					6	121			
<b>`</b> _A	7a	Total unr	elated business revenue from l	Part VIII, column	(C), line 12 .				7a	,			
	b	Net unrel	ated business taxable income	from Form 990-	T, line 34				7b				
1/		Prior Yo								Current Year			
Z, .	8	Contribut	butions and grants (Part VIII, line 1h)							279,3/3			
SCAN Revenue	9		service revenue (Part VIII, line				·- <del></del> -		0 0				
<b>₹</b> %	10	_	nt income (Part VIII, column (A	<del>-</del> -	7d\								
æ	11		renue (Part VIII, column (A), line		•	}		<del></del>		6			
	12		-		•	no 12\	71,	5.46					
	+		enue-add lines 8 through 11 (n							<del></del>			
	13		nd similar amounts paid (Part I		•		26		80	274,017			
	14		paid to or for members (Part IX		-			ಲ		0			
8	15		other compensation, employee I	•				0		0			
Expenses	16a	Profession	onal fundraising fees (Part IX, c	olumn (A), line 1	l1e)			0		O			
ğ	b	Total fun	draising expenses (Part IX, col	umn (D), line 25)						, , , , , , , , , , , , , , , , , , ,			
ũ	17	Other ex	penses (Part IX, column (A), line	es 11a-11d-141	2/4e) ) \ .		ک	,891		18406			
	18		enses. Add lines 13-17 (must			5) .	282	17	1	292, 423			
	19		less expenses. Subtract line 1	- Carrer 1		· .	(	1.81		(13 114)			
- 5	<del></del>			TEL EFR I	<u> </u>		Beginning of			End of Year			
		Total acc	ets (Part X, line 16)	ISI FED 5	انتظالسسه	l i	38			24986			
Assets Bolony	20	Total lieb	ilition (Dort V line 26)		ا ا ا ا ا	]	21						
<b>1</b>	21 ~ '	Net sees	te as fired belowed Cobbress II	INGO	C. N. O.	• • •	20	0	,	7 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (			
70	22	Net asse	ets (Part X, line 16)  illities (Part X, line 26)  ts or fund balances. Subtract liture Block	ine 21 from line	20	<u> </u>	· 58	109	6	24,986			
	art II	Signa	rure Block		<del></del> _								
U	nder pena	uties of perju	ry, I declare that, have examined this,	return, including acc	ompanying schedule	s and stat	ements, and	to the b	est of i	my knowledge and belief, it is			
	ue, correc	a, and comp	lete. Declaration of preparer (other than	omcer) is based on	all information of whi	ich prepar	er nasany kn						
		<b>I</b>	Januar C	KLAUS				1 3	rut 1	10,2018			
Si	gn	Sign	ature of officer					Date					
He	ere		PATRICK E DALY	PRESIDENT									
		Туре	or print name and title										
	aid	Print/Ty	pe preparer's name	Preparer's signatur	e	10	Date	<b>1</b>	Check	PTIN			
		_		<b>{</b>		-			oneck self-em				
	epare		name ►	J. ,				Firm's I		· · · · · · · · · · · · · · · · · · ·			
U	se On	יי דיין עי	<del></del>		<del></del>								
M	av the II		address > s this return with the preparer:	shown above?	see instructions			Phone :	10.	Yes No			
					ace matructions)		<del></del>	<del></del>					
Fo	r Papen	work Redu	ction Act Notice, see the separa	te instructions.		Cat.	No. 11282Y			Form <b>990</b> (2017)			

orm 990	
Part I	Statement of Program Service Accomplishments
4	Check if Schedule O contains a response or note to any line in this Part III
1 .	Briefly describe the organization's mission:  WILLTY LENTAL FOOD PRECEDITION COOTHING AND OTHER MISCELLANEOUS FINANCIAL  ASSISTANCE PROVIDED THROUGH CHURCHRELATED ORGANIZATIONS TO THE POOR AND
	NEEDY
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 347, 673 including grants of \$ 274,017) (Revenue \$ 279,313)
	EMERGENCY FINDNOTAL ASSISTANCE FOR UTILITY, RENTS, PAESCIPTIONS, FOOD, MOTELS AMA OTHER MISCELLANGING NEEDS
4b	(Code: ) (Expenses \$ 4,800 including grants of \$ 0 ) (Revenue \$ 0 )
	DISTRIBUTED DONATED CLOTHING AND SMALL HOUSE HILD WEMI TO POOR AND NEEDY FREE OF CHARGE
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$

19

. Form 990 (2017) Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 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 6 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 R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a 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 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... 11f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . . . . . . . . 16 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

rail	, Checkist of nequired Schedules (Continued)			
20 a	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?	20b	-+	-4_
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		<u></u>
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 27 If "Yes," complete Schedule I, Parts I and III	22	V	<del></del>
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		X
	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 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 X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		×
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):			4
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		Ϋ́
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X 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 38	X	X
		For	m <b>99</b> 0	(2017)

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		• •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	- 1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]	j	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<del></del> }	<del></del>
£.a	Statements, filed for the calendar year ending with or within the year covered by this return 2a	- 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		$\overline{X}$
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		Д.
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		i	
	account)?	4a	j	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\mathbf{X}$
Ь	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			V
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6.		
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ı	
_	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		-4-
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		>
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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u>, x</u>
9	Sponsoring organizations maintaining donor advised funds.			V
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del>\</del>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		1
а	Initiation fees and capital contributions included on Part VIII, line 12			] }
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	1 :	}	
a	Gross income from members or shareholders	} :		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)		ŀ	ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	ļ	ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans	-	1	
C 140	Enter the amount of reserves on hand	44-		<del>  ,,  </del>
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	X
	1 100, has it lifed a forth 720 to report these payments? If No, provide an explanation in Schedule O.		m <b>99</b> r	(2017)
		1 011		- 122111

	NO (2/017)			age O
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O. Schedule O. contains a response or note to any line in this Part VI			ons.
Section	Check it Schedule O contains a response or note to any line in this Part VI	<del></del>	<del>· · ·</del>	
0000	on A dotoning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 4			
	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	- 1	l	
	committee, explain in Schedule O.	1	- 1	
b	Enter the number of voting members included in line 1a, above, who are independent	1	- {	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		8
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X_
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	! !	l	./
_	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	للتبا	nde l	
0000	on or one of the occuping requests information about policies not required by the internal teres.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	χ	Ĺ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b></b>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-		•
13	Did the organization have a written whistleblower policy?	12c		X
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by	<del>  ' ' '</del>		-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	[	1	1
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		IX
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	]		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	{		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	ļ 	
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501	(c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
~~	financial statements available to the public during the tax year.		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Livings and Link is that any and additional long and and any any and any		200	<u> </u>

DIRECTOR

(14)

Page 7

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	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.

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

Position (A) (B) (D) Œ (F) (do not check more than one Name and Title Reportable Reportable Estimated Average box, unless person is both an amount of compensation compensation from hours per officer and a director/trustee) related other eek (list an from Individual t Institutional trustee Key employee compensation hours for the organizations ghest compensated (W-2/1099-MISC) related organization from the rganizations W-2/1099-MISC organization below dotted and related trustee organizations (1) GLENN BELL O DIRECTOR 0 0 (2) CAROLE FISHER 0 D. RECTOR d ۵ PAULA VEAU (3) 0 Ò DIRECTOR ň (4) LESUE SEGFERN

9

0

0

(5) ROBER THEINE 0 0 DIRECTOR 0 VATRUL DAY (6) V O Ø PAGSIDEM (7) JEROME DIDIER NICE - PRESIDENT O (8) MENNIL JOINSON d SELRESALY v O (9) DIANNE PERKINS D O ٥ TREASURER (10)(11)(12)(13)

Form **990** (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and trtle	(B) Average hours per	box, office	unles	Pos eck s pe	rson	than on the thick that the thick the	an	(D) Reportable compensation	compensation	Reportable Estima		Estimated amount of	
		week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio			nsation the ization elated	
(15)												•	-	
(16)														
(17)												<u>.</u>		
(18)							 							
(19)								$\vdash$				· · · · · · · · · · · · · · · · · · ·		
(20)		-	ļ		-	-							<del></del> -	
(21)			<del>                                     </del>	-										
(22)									<u> </u>					
(23)		-	-											
(24)							_	İ					-	
(25)														
1b c d	Sub-total	t VII, Section		•	•	•	 	<b>▶ ▶</b>	0	0		0 0 0		
2	Total number of individuals (including bureportable compensation from the organ	rt not limited				ted	abov	e) w	vho received m	ore than \$1	00,000		2	
3	Did the organization list any former of employee on line 1a? If "Yes," complete							em	ployee, or high	nest compe	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio							
5	Did any person listed on line 1a receive for services rendered to the organization									zation or inc	ividual			X
Section	on B. Independent Contractors	1:11 163, (	COMP	iere	30	ieu.	uie o	101	such person	· · · · ·	<del></del>	5	L	
1	Complete this table for your five highest compensation from the organization. Re year. NoN€													ax
	(A) Name and bijsiness ad	ldress	<u>-</u> .						(B) Description of s	services		(C) Compens	ation	
								$\perp$						
								F						
2	Total number of independent contract received more than \$100,000 of compen							o ti	hose listed ab	ove) who				

Part VIII		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule O	contains a res	ponse or note to	any line in this (A) Total revenue	Part VIII (B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax			
ļ						function revenue	revenue	under sections 512-514			
ts s	1a	Federated campaigns	1a								
ara our	b	Membership dues .	1b								
Am Am	C	Fundraising events .	<del></del>					}			
GH ilar	d	Related organizations		3/160				1			
ns,	е	Government grants (con		5,000							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi		22.12							
ē Ę		and similar amounts not inc	<u></u>	276,653				]			
, E	g	Noncash contributions include <b>Total.</b> Add lines 1a-1	•		179 313		l 				
	- "	Total. Add lines Ta-T	·	Business Code	2 401 213	<del></del>		<del></del>			
enu	2a						<u> </u>	<del> </del>			
8	b					<del></del>		<del>                                     </del>			
/ice	С										
Sen	d										
æ	e	***************************************									
Program Service Revenue	f	All other program sen		L			İ	<del></del>			
	9	Total. Add lines 2a-2			0		1	<u>/</u>			
	3	Investment income and other similar amo			U		l				
	4	Income from investmen	•		0		<del> </del>	<del> </del>			
	5				0			<del></del>			
		Noyamoo	(i) Real	(ii) Personal				<del>                                     </del>			
	6a	Gross rents									
	ь	Less: rental expenses			]		1				
	С	Rental income or (loss)									
	_d	Net rental income or			υ U			<u> </u>			
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
	b	assets other than inventory Less: cost or other basis									
	,	and sales expenses		ļ			1	1			
	d	Gain or (loss) Net gain or (loss) .	<u></u>				ļ <del> </del>	_{			
	u	iver gain or (ioss) .		· · · · · ·	U U		<del></del>				
evenue	8a	Gross income from fu events (not including \$ of contributions reporte									
Other Rever		See Part IV, line 18 .	····a								
Ō	•	Less: direct expenses  Net income or (loss) f		<u> </u>	J J	1					
		Gross income from gasse Part IV, line 19	aming activities.								
	l	Less: direct expenses	s <b>b</b>		1						
	102	Net income or (loss) to Gross sales of in		iviues 🚩	0	<del> </del>	<del> </del>	<del> </del>			
		retums and allowance	es a	<u> </u>	1						
	b	Less: cost of goods s Net income or (loss) t				<b> </b>	<del> </del>	<del>-</del>			
	- 6	Miscellaneous F		Business Code	<del>                                     </del>	<u> </u>	<del>                                     </del>	<del> </del>			
	11a					<del> </del>	<del> </del>	<del> </del>			
	ь						1	†			
	С										
	d	All other revenue .									
	е	Total. Add lines 11a-			U						
	12	Total revenue. See i	nstructions	<u> </u>	279,313	L	1				
					•			Form <b>990</b> (2017			

	IX Statement of Functional Expenses									
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line 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	274,017	274,017							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		<del></del>							
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	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits				······································					
10	Payroll taxes				<del></del>					
11	Fees for services (non-employees):									
а	Management			}						
b	Legal				· · · · · · · · · · · · · · · · · · ·					
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17				<del></del>					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses	7,609	7609							
14	Information technology									
15	Royalties									
16	Occupancy									
17 18	Travel									
19	Conferences, conventions, and meetings .				<del></del>					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	1 30								
23	Insurance	1,070	1, 950							
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>	<del> </del>	··					
b		<u> </u>	<del> </del>	t	<del></del>					
c			<b></b>	<del>  </del>						
d										
e	All other expenses	9,797	9.797	† <del></del>						
25	Total functional expenses. Add lines 1 through 24e	292,473	292,473							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)		245,717							

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Par		<del></del>	
•		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	38,096	1	24,986
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,	-		
	trustees, key employees, and highest compensated employees.			
]	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1 1	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a			1 1	
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11	·	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	38,096	16	24986
17	Accounts payable and accrued expenses		17	•
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	<del></del>
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			- <del></del>
	disqualified persons. Complete Part II of Schedule L	_ <del></del>	22	
23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		1 1	
1	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0-	
00			25	<del>-</del> 0
26	Total liabilities. Add lines 17 through 25	<u> </u>	26	
1	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	28 166	27	24 986
28	Temporanly restricted net assets	38,096	28	24, 706
29	Permanently restricted net assets		29	
25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	<del></del>	123	
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances	38 096	33	24.986
34	Total liabilities and net assets/fund balances	38,096	34	24 986
1 2 1	Total mediation data flot depoter faile beginning	/ /	1.04	Form <b>990</b> (2

Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	279	31	3
2 `	Total expenses (must equal Part IX, column (A), line 25)	2	297	-,42	3
3	Revenue less expenses. Subtract line 2 from line 1	3	(12	النط	0)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	09	6
5	Net unrealized gains (losses) on investments	5		<u>'</u> 6	
6	Donated services and use of facilities	6	<del></del>	Ó	
7	Investment expenses	7		0	
8	Prior period adjustments	8		0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		٥	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	1.	, , (	
	33, column (B))	10	29	98	6
Part Part	XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response or note to any line in this Part XII	· • <u> </u>	<u> </u>	<u> </u>	
	_/			Yes	No
1	Accounting method used to prepare the Form 990:   ☐ Cash ☐ Accrual ☐ Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	۱	ı İ	
	Schedule O.			<b></b>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	$\longrightarrow$	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled or	r	i	
	reviewed on a separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			i	ىر
Ь	Were the organization's financial statements audited by an independent accountant?		2b	igwdapsilon	V
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	1	/ /	]
	separate basis, consolidated basis, or both:		1		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the guiding of the forestell extension of the foreste		<b>I</b> 1	1	
	of the audit, review, or compilation of its financial statements and selection of an independent account the audit and the statements and selection of an independent account the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statements and selection of an independent account to the statement to the sta		2c	<b>  </b>	<u>~</u>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain ir	ו ו		
Δ		مالد	<u> </u>		
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ionn ir			1/
	<del>-</del>	 	3a	<del>  </del>	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		;   3b		
	required addit of addits, explain why in scriedule of and describe any steps taken to undergo such a	Julio.		<u>~~</u>	·
			Fort	n <b>990</b>	(2017)

#### · SCHEDULE 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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

lame	e of the organization					Employer identification					
Soc	CIETY OF ST. VINEENT de laul	CENTRAL CA	ISCHDES DISTRICT	T COUNC	, L	46, 4784	1526				
	rt I Reason for Public Chari										
_	organization is not a private foundati	<del></del>				<del>-                                    </del>					
	•				-						
1	A church, convention of church						$\sim$				
2											
3	A hospital or a cooperative hosp										
4	A medical research organization	operated in co	njunction with a hosp	ital descr	ibed in s	ection 170(b)(1)(A)(i	ii). Enter the				
	hospital's name, city, and state:										
5	An organization operated for th	ne benefit of a	college or university of	owned or	operate	d by a governmenta	I unit described in				
_	section 170(b)(1)(A)(iv). (Complete Part II.)										
•											
6							the general public				
7				ort ironi	a govern	imental unit or from	trie general public				
	described in section 170(b)(1)(/										
8	A community trust described in	section 170(b)	( <b>1)(A)(vi).</b> (Complete P	Part II.)							
9	An agricultural research organiz	ation described	in section 170(b)(1)(	A)(ix) ope	erated in	conjunction with a la	ind-grant college				
	or university or a non-land-gran	t college of agric	culture (see instructio	ns). Entei	the nam	e, city, and state of	the college or				
	university:										
10		ceives: (1) more	than 331/3% of its su	pport fro	m contrib	utions, membership	fees, and gross				
	receipts from activities related t	o its exempt fur	ctions—subject to ce	rtain exc	eptions, a	and (2) no more than	33¹/3% of its				
	support from gross investment	income and unn	elated business taxab	ole incom	e (less se	ction 511 tax) from 1	businesses				
	acquired by the organization aft										
11	An organization organized and	-	-	-							
12											
	of one or more publicly suppor										
	Check the box in lines 12a throu	igh 12d that des	cribes the type of sup	porting of	rganızatıc	on and complete line	s 12e, 12t, and 12g.				
а	a 🔲 <b>Type I.</b> A supporting organiz										
	the supported organization(	s) the power to i	regularly appoint or el	lect a maj	ority of the	ne directors or truste	ees of the				
	supporting organization. Yo	u must comple	te Part IV, Sections	A and B.							
b	b 🔲 Type II. A supporting organi	ization supervise	ed or controlled in co	nnection	with its s	upported organization	on(s), by having				
_	control or management of the										
	organization(s). You must c				<b>P</b> 0.000		.g				
_	The second second second second	-			nnection	with and functions	Illy integrated with				
·	its supported organization(s						ary intograted with				
	• • • • • •		•								
C	d 🔲 Type III non-functionally in										
	that is not functionally integ						u an attentiveness				
	requirement (see instruction	is). You must co	ompiete Part IV, Sec	s A anour	ing D, an	a Part V.					
е	Check this box if the organize						II, Type III				
	functionally integrated, or Ty	ype III non-funct	tionally integrated sup	porting o	organizati	on.					
f	f Enter the number of supported or	rganizations .									
Ş	g Provide the following information	about the supp	orted organization(s).				<del></del>				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of				
			(described on lines 1-10	listed in you		support (see	other support (see				
	1		above (see instructions))	docur	nem?	instructions)	instructions)				
				Yes	No						
							<del></del>				
A)											
							· · · · · · · · · · · · · · · · · · ·				
(B)				]							
(C)											
				<del> </del>		··· · · · <del></del>	<u> </u>				
(D)											
				<b>}</b>							
(E)				1	1						
				<u> </u>							

## 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.)

<u> </u>	if the organization falls to qualify	under the te	sts listed bei	ow, please co	mpiete Part i	<u>l.)</u>	
	on A. Public Support		1 0.000				
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		ļ	225,070	226 11	216212	116 412
2	Gross receipts from admissions, merchandise			113/070	275,460	279,313	779, 843
-	sold or services performed, or facilities						
	furnished in any activity that is related to the				,		
	organization's tax-exempt purpose			0	υ	υ	<u> </u>
3	Gross receipts from activities that are not an				ان	. 1	J
	unrelated trade or business under section 513			U		٥	
4	Tax revenues levied for the						
	organization's benefit and either paid to				ا م		
_	or expended on its behalf			υ	0	υ	δ
5	The value of services or facilities						
	furnished by a governmental unit to the			0	o	, ,	v
	organization without charge	<u> </u>				0	l
6	Total. Add lines 1 through 5			225070	275,460	274,313	779,843
7a	Amounts included on lines 1, 2, and 3		1	l '	, i	, ' l	· 
	received from disqualified persons .	ļ		υ	υ	υ	v
b	Amounts included on lines 2 and 3	1	1	1		, <u> </u>	ı
	received from other than disqualified			1			ı
	persons that exceed the greater of \$5,000	1				v	V
	or 1% of the amount on line 13 for the year		<u> </u>	0	0		
	Add lines 7a and 7b			0	0	O	<u> </u>
8	Public support. (Subtract line 7c from	ĺ		İ		i	
C4	line 6.)	L	L	L			17989
	on B. Total Support	43.0040	7.0044	1 1 2 2 2 2 5	( 2 0040		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6			nsofo	27546-	279, 313	779,843
10a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents, royalties, and income from similar sources.			40			40
L	-		<del> </del>	70	٥	. 0	
D	Unrelated business taxable income (less section 511 taxes) from businesses		}				
	acquired after June 30, 1975				0	b	
_	·			0		0	0
	Add lines 10a and 10b			40	Ø	υ	40
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on			_			ø
40		<del> </del>	<del> </del>	<u> </u>	0	0	
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)			0	U	V	Ò
13	Total support. (Add lines 9, 10c, 11,			<del>                                     </del>	U		<del></del>
13	and 12.)			225,110	275460	279313	779 883
14	First five years. If the Form 990 is for the	e organizatio	n'e firet secon	d third fourth		277775	
.7	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor			<del></del>			▶ ☑
15	Public support percentage for 2017 (line to			13. column (6)		15	%
16	Public support percentage for 2017 (line of Public support percentage from 2016 Sci					15	<u>%</u>
	on D. Computation of Investment In				· · · · ·	16	
17	Investment income percentage for 2017 (			w line 12 colu	mp (fl)	17	%
18	Investment income percentage for 2017 (					18	<del></del>
19a	331/3% support tests—2017. If the organ						
130							
ь	17 is not more than 331/8%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . <b>\rightarrow</b> 331/8% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/8%, and						
J	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						_
الم	Titale regulation in the organization of	A HOL CHECK A	DUX UH HITE 14	r, 19a, UI 19D, I	UTIEUK LITIS DOX	ariu see institu	ctions

CHEDULE I Form 990)
S F

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No. 1545-0047	2011	Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Employer identification number 9254847-95 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and CENTRAL CASCADES DISTRUCT COUNCIL ► Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance 7,5 of SO. VINCENT de 5061674 Department of the Treasury Internal Revenue Service Name of the organization

the selection criteria used to award the grants or assistance?

Part

**%** □ X Yes

04	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ızatıon's procedur	es for monitoring	the use of grant fur	nds in the United	States.		•
Part II		ssistance to Do for any recipient	mestic Organiz	ations and Domore than \$5,000.	estic Governm Part II can be d	ents. Complete i uplicated if additi	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> 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.	ered "Yes" on Form
<b>₽</b>	(a) Name and address of organization or government	(b) EIN	(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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3 8	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	501(c)(3) and goving anizations listed	ernment organizat in the line 1 table	organizations listed in the line 1 table	ne 1 table			<b>A A</b>

Schedule ( (Form 990) (2017)

Cat No. 50055P

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

	Part III can be duplicated if additional space is needed.  (a) Type of grant or assistance recipients cash grant noncash assistance FMV, appraisal, other)  (b) Number of cash grant noncash assistance FMV, appraisal, other)	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2 Chording Bank	2,359	410/12	97,00	THRIFT STOLE	DISTLIBUTED IDUNATED ELOTHING FREE OF CHARGE
6 7 7 Supplemental Information. Provide the information required in Part I, line 2: Part III. column (b): and any other additional information.	e the information r	equired in Part I. lir	ne 2: Part III. colum	(b): and any other addi	tional information.
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
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