Form 990-EZ

CHANGE OF ACCOUNTING PERIOD Short Form

Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990141160

Open to Public Inspection

	ntern	iai rievi	enue Service				100	
			2016 calendaryear, or tax year beginning JAN 1, 20	17	and en	ding JU	N 30, 2	017
	B C	heck if	C Name of organization				D Employer id	entification number
			ess change					
			e change MORE THAN A BED				47-16	60757
			return Number and street (or P.O. box, if mail is not delivered to street add	ress)		Room/suite	E Telephone r	number
]Fınal termi	return/ 3637 N. 1ST AVENUE				520-4	28-5280
		Amer	nded return City or town, state or province, country, and ZIP or foreign postal co	ode		11	F Group Exen	ption
		Applic	abon pending TUCSON, AZ 85719			05	Number ►	
	G A	ccour	nting Method: Cash X Accrual Other (specify)				H Check ▶	ıf the organization is
	ı v	Vebsit	te: ► WWW.MORETHANABED.ORG				not required	I to attach Schedule B
	J T	ax-ex	tempt status (check only one) — X 501(c)(3) 501(c) () ◀(inse	ert no.)	4947(a)(1) or 527	(Form 990,	990-EZ, or 990-PF).
	K F	orm o	of organization: X Corporation Trust Association		ther	_		
	L A	\dd lin	ies 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or	more, or if tot	al assets (Part	II,	
	С	olumr	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	78,389.
	Pa	<u>irt I.</u>	Revenue, Expenses, and Changes in Net Assets or	r Fund	Balances	(see the instri	uctions for Part	l)
			Check if the organization used Schedule O to respond to any question in this	s Part I				X
707		1	Contributions, gifts, grants, and similar amounts received				1	78,330.
\sim		2	Program service revenue including government fees and contracts				2	
1=1		3	Membership dues and assessments				3	
es:		4	Investment income		_		4	
(3		5a	Gross amount from sale of assets other than inventory	_	5a		***	
1:-		b	Less: cost or other basis and sales expenses	L	5b			
\subseteq		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	ıne 5a)			5c	
1.14		6	Gaming and fundraising-events —				`	
-,	e	a	Gross income from gaming (attach Schedule Gif greater than	1	ı			
<1 ()	Revenue		\$15,000) S JAN 2 3 2018 G	L	6a			
SS	Re	b	Gross income from fundraising events (not including \$		of contribution	ns	- :	
		1	from fundraising events rapported on line 1) (attach Schedule G if the sum of su	uch I	a.			
			gross incorhe and contributions exceeds \$15,000)	-	6b			
		l	Less: direct expenses from gaming and fundraising events	_ فعادده استعاد	6c		— <u>,</u>	
		l	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	anu subt 	l '		6d	
		l	Gross sales of inventory, less returns and allowances	-	7a			
		ł	Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	L	7b		7c	
		8 8	Other revenue (describe in Schedule 0)	2 ਜਾਣ	SCHEI	OHLE O	8	59.
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10.01	- 0011111	70111 0	▶ 9	78,389.
		10	Grants and similar amounts paid (list in Schedule 0)				10	,0,30,
		11	Benefits paid to or for members				11	
	s	12	Salaries, other compensation, and employee benefits				12	
	ıse	13	Professional fees and other payments to independent contractors				13	1,985.
	Expenses	14	Occupancy, rent, utilities, and maintenance				14	5,646.
1	ũ	15	Printing, publications, postage, and shipping				15	114.
		16	Other expenses (describe in Schedule 0)	SEI	SCHEI	DULE O	16	35,799.
		17	Total expenses. Add lines 10 through 16			_	17	43,544.
	"	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	34,845.
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
	As		(must agree with end-of-year figure reported on prior year's return)				19	54,925.
,	let 	20	Other changes in net assets or fund balances (explain in Schedule O)				20	0.
		21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	89,770.
	НΔ	For	Panerwork Reduction Act Notice see the senarate instructions					Form 990-EZ (2016)

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P	art II Balance Sheets (see the instructions for Part II)				2000,	
	Check if the organization used Schedule O to re-	spond to any ques				<u> </u>
		_	(A) Beginning of year	ļ	(B) E	nd of year
22	,		48,925	_		54,118.
23		<u>, </u>	6,000			17,553
24 25		· -	54,925			18,099. 89,770.
26	• • • •	<u> </u>	0.	$\overline{}$		0.00,770.
27			54,925			89,770
	art III Statement of Program Service Accomplishme			-1	Ex	penses
Wh:	Check if the organization used Schedule O to reat is the organization's primary exempt purpose? SEE SCHEDULE O	·	tion in this Part III	X	(Required 501(c)(3)	and 501(c)(4)
	cribe the organization's program service accomplishments for each of its three largest program		nses In a clear and concise		others.)	ons; optional for
	ner, describe the services provided, the number of persons benefited, and other relevant inform	mation for each program title				
28	SEE SCHEDULE O					
	(Grants \$) If this amount includes foreign	grants check here			28a	38,088
29	The time amount modern modern for eight	grants, check here		<u></u>	200	30,000
30	(Grants \$) If this amount includes foreign	grants, check here			29a	
00						
	(Grants \$) If this amount includes foreign	grants check here			30a	
31	Other program services (describe in Schedule O)	3.2.1.0, 0.1.001.1.0.0			000	
	(Grants \$) If this amount includes foreign	grants, check here	<u>,. </u>		31a	
_	Total program service expenses (add lines 28a through 31a)	<u> </u>	. <u> </u>	.▶	32	38,088
P	art IV List of Officers, Directors, Trustees, and Key I				instructions for	or Part IV)
	Check if the organization used Schedule O to re-	· · · · · · · · · · · · · · · · · · ·				
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms	contr emplo plans,	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
GF	RACE STOCKSDALE					
_	-FOUNDER, TREASURER/SECRETARY	60.00	0.		0.	0 .
KF	RISTY DEAKIN	_			_	
	O-FOUNDER	20.00	0.		0.	0.
	ON DEAKIN OARD MEMBER	5.00	0.		0.	0 .
	ARD MEMBER	3.00	- 0.			<u> </u>
_						
		1			i	
_						
					 -	
_			_			<u> </u>
_						
						

632172 12-08-16

	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,'	1		
	complete applicable parts of Schedule N	36	ļ	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Delth amount of political expenditures, direct or indirect, as described in the instructions	7		
	Did the organization file Form 1120-POL for this year?	37b		X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	In a prior year and still outstanding at the end of the tax year covered by this return?	38a	3,5,	X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	-	; ;	,
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	- ` \		ĺ
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	· .		
70 a	section 4911 O : ; section 4912 O : ; section 4915 O : ; section 4915		, ,	20'
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	*	,	* #
•	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	V-2		l
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	l		* *
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	' ` `	nýh,	ĺ
	by the organization		#*.	X :
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	4.		` '
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed AZ			
42 a	The organization's books are in care of ► IRENE GONZALES Telephone no. ► 520-42	8-5	280	******
	Located at ► 3637 N. 1ST AVENUE, TUCSON, AZ ZIP+4 ► 8	571	9	
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:		3	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			;
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ		
			Yes	<u>No</u>
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		<u> X</u>
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		·*	
	of Form 990-EZ	44b		_ <u>x</u> _
	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	:	ŀ	
4F -	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13)2 If Yes * Form 900 and Sebedule P. may need to be completed instead of Form 900 F7 (see material and seed of F7 (see material and see material and seed of F7 (see material and see material and see m	<u>. </u>		
	512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		0040
		Form 99	30-EZ (2016)

Forn	m 990-EZ (2016) MORE THAN A BED	47-1660	757		Page 4
	•			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidat	es for public office?			
D.	If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only		46	l	<u>X</u>
LFG	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables	fortune EO and E1			
	Check if the organization used Schedule O to respond to any question in this Part VI	, for lines 50 and 51.			
	Officer in the organization used Schedule of to respond to any question in this Part Vi		·	Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes,"	complete Sch. C. Part II	47	103	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	somplete com o, r art ir	48		X
49 a	a Did the organization make any transfers to an exempt non-charitable related organization?		49a		X
	b If "Yes," was the related organization a section 527 organization?		49b		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, al	nd key employees) who	each re	ceived	more
	than \$100,000 of compensation from the organization. If there is none, enter "None."				
	(a) Name and title of each employee (b) Average hours (c) Repo	rtable (d) Health benefi) Estin	ated
	per week devoted to compensation W-2/1099-		nt ann	ount of	
	NONE position	compensation		mpens	ation
_					
			+		
			+	•	
	Total number of other employees paid over \$100,000				
51	Complete this table for the organization's five highest compensated independent contractors who each received more that	 an \$100,000 of compen	sation f	rom th	9
	organization. If there is none, enter "None." NONE	• • •			
	(a) Name and business address of each independent contractor (b) Type of serv	rice (c)	Comp	ensatio	n
		1			

—					
_					
d	Total number of other independent contractors each receiving over \$100,000				
52	Did the organization complete Schedule A? Note : All section 501(c)(3) organizations must attach a				
	completed Schedule A	▶ [X Y	es 🗌	□No
Und	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t	to the best of my knowle			, it is
	e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any k		,		
	Manko	1//0/	18	-	
Sig	gn Supraint of officer	Date			
He	ORIGIDATION DECEMBER TRANSPORTER				
	Type or print name and title				
		eck I If PTIN			
Pai		f- employed			
Pre	endiel		099		
	se Only Firm's name ▶ BEACHFLEISCHMAN PC	rm's EIN ► 86-06			
	·	hone no. 520 – 32	<u>1 – 4</u>	<u>600</u>	
	TUCSON, AZ 85718		,, 1.		
way	y the IRS discuss this return with the preparer shown above? See instructions	<u>}</u>	X Y	es	<u>No</u>

SCHEDULE A

Department of the Treasury

(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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

			THAN A BE					4	7-1660757
Pa	rt I	Reason for Public (Charity Status (A	All organizations mus	t complete th	nis part.) Se	ee instructions	5.	
The 1 2 3 4	organi	zation is not a private found A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizatity, and state:	urches, or associatio on 170(b)(1)(A)(ii). (/ hospital service orga	n of churches descr Attach Schedule E (F anization described i	ibed in section form 990 or 9 in section 170	on 170(b)([.] 990·EZ)) 0(b)(1)(A)(i	1)(A)(i). ii).)(iii). Enter	the hospital's name,
5		An organization operated for	or the benefit of a col	llege or university ov	ned or opera	ated by a g	overnmental u	ınıt describ	ed in
6 7 8		section 170(b)(1)(A)(iv). (C A federal, state, or local gov An organization that normal section 170(b)(1)(A)(vi). (C A community trust describe	vernment or governm ily receives a substa omplete Part II.)	ntial part of its supp	ort from a gov			he general	public described in
9		An agricultural research org				ed in conju	inction with a	land-grant	college
40		or university or a non-land-g	rant college of agric	ulture (see instructio	ns). Enter the	name, city	y, and state o	f the colleg	e or
10		An organization that normal activities related to its exemincome and unrelated busing	npt functions - subject ness taxable income	ct to certain exception	ons, and (2) n	o more tha	n 33 1/3% of	its support	from gross investment
		See section 509(a)(2). (Cor			fah. O		201.3143		
11 12		An organization organized at An organization organized at more publicly supported organizes 12a through 12d that or	and operated exclusi ganizations describe describes the type o	ively for the benefit or d in section 509(a)(f supporting organiz	of, to perform 1) or section ation and cor	the function 509(a)(2). The state of the sta	ons of, or to ca See section s s 12e, 12f, and	5 09(a)(3). C d 12g.	Check the box in
а	<u> </u>	Type I. A supporting orga the supported organization	•	•		-			-
		organization. You must o			ct a majority	or the dire	Ciors or illusio	:63 OI (IIG 3	apporting
b		Type II. A supporting organization(s) You mus	anization supervised f the supporting orga t complete Part IV,	or controlled in con anization vested in the Sections A and C.	ne same pers	ons that co	ontrol or mana	ige the sup	pported
С	L	Type III functionally inte						lly integrate	ed with,
đ		Type III non-functionally that is not functionally int requirement (see instructional section 1).	r integrated. A supp egrated. The organiz ions). You must con	orting organization or ation generally musinplete Part IV, Sect	operated in co satisfy a dis- ions A and D	onnection v tribution re , and Part	with its suppo quirement an V.	d an attent	iveness
е	L_	Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or	• •	nally integrated supp	porting organ	ızation			
1		r the number of supported o	•	dit(-)					<u> </u>
_9		ride the following information Name of supported	(ii) EIN	(iii) Type of organizati	on (iv) is the org	janization listed	(v) Amount o	monetary	(vi) Amount of other
	•	organization		(described on lines 1	10 V	ning document?	1		support (see instructions)
				above (see instruction	is))	1.00			
-						-			
ota	"		L			ــــــــــــــــــــــــــــــــــــــ			

Schedule A (Form 990 or 990-EZ) 2016 MORE THAN A BED 47-1660757 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")		= -	1,553.	126,103.	78,330.	205,986.
2	Tax revenues levied for the organ-						
	ization'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			1,553.	126,103.	78,330.	205,986.
5	The portion of total contributions	*	ő	*	. ,		
	by each person (other than a	*		9.	, *** 2	**	
	governmental unit or publicly		\$				
	supported organization) included			*			
	on line 1 that exceeds 2% of the		, '<		3 1	g is	
	amount shown on line 11,		«^ŷ	* 1 * 1 * 1 * 1	***		
	column (f)	*.	*.	` ´	355°	* ,	
	Public support. Subtract line 5 from line 4			<i>* '</i>	, * , . * ,		205,986.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			1,553.	126,103.	78,330.	205,986.
8	Gross income from interest,					,	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources .				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the	İ					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital				325.	59.	384.
	assets (Explain in Part VI.)		 :		343.	<u></u>	206,370.
	Total support. Add lines 7 through 10	<u> </u>	<u> </u>		**		200,370.
	Gross receipts from related activities					12 5.501(a)(2)	
13	First five years. If the Form 990 is fo		s first, second, thir	a, tourth, or little	ax year as a sectio	11 50 1(0)(3)	$\triangleright x$
Se	organization, check this box and stor ction C. Computation of Publ	lic Support Pe	rcentage	•			
_	Public support percentage for 2016 (column (f))		14	%
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2016. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						ightharpoons
Ł	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation		•	▶□
172	10% -facts-and-circumstances tes	t - 2016. If the org	ganization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization		
Ł	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not e	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-cırcı	ımstances" test, c	heck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-cir						. ▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17i			
					Sche	edule A (Form 990	or 990-EZ) 2016

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total∕
	Gifts, grants, contributions, and						/
	membership fees received. (Do not						معور
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						/
3	Gross receipts from activities that]		
	are not an unrelated trade or bus-						
	iness under section 513					/	
4	Tax revenues levied for the organ-				/	1	
	ızatıon's benefit and either paid to						
	or expended on its behalf				/		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	·		,	/		
78	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			<u> </u>			
8_	Public support. (Subtract line 7c from line 6)			1		***	
Se	ction B. Total Support		,	<u>/</u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013 /	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
1 0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income		1				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		/				
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r/the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	·					▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage		_		
17	Investment income percentage for 20)16 (line 10c, colur	nn (f) dıvided by lır	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17		_	18	%
19a	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶ □
k	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che	=					
_20	Private foundation. If the organization		-	•	· - · ·	=	▶ □
	23 09-21-16				-		or 990-EZ) 2016

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		
		8
3c		-
 4a	-	4
48		
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_ 4b	_	<u> </u>
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9b		
9c		
	*	•
10a		
	~	
10b		

. •	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, , , , , , , , , , , , , , , , , , , ,			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1 3
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	. :
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	11/2		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			4 1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
	Minimum 19 of the control of the con		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			, */*
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s)	1_		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
	Did the executation arounds to each of its assumented associations but the last description of the same of the sam	<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	* ' '		l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3*		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			*
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		├──
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	* *	***	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		ž
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ .
	significant voice in the organization's investment policies and in directing the use of the organization's	* \$.	A.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		., ,	
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		Щ_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
2	Activities Test Answer (a) and (b) below.	ructions) [
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined	,`		
	that these activities constituted substantially all of its activities.			
ь.	· ·	2a	*;*	_
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ν. ×	*	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	* 1	` * ~	Í
	reasons for the organization's position that its supported organization(s) would have engaged in these		,	-
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	l l		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		_
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4	12		
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6	<u>.</u>		
7	Check here if the current year is the organization's first as a non-function	onally integrate	d Type III supporting o	rganization (see	

Schedule A (Form 990 or 990-EZ) 2016

Current Year

8 Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A. line 8, Column A)

Section C - Distributable Amount

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			<u> </u>
_	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	u		
2	Underdistributions, if any, for years prior to 2016 (reason-	,		* *
	able cause required- explain in Part VI). See instructions	<u> </u>		· × · · · · ·
3	Excess distributions carryover, if any, to 2016:	-		· · · · · · · · · · · · · · · · · · ·
а	· · · · · · · · · · · · · · · · · · ·	: (:		, ,
b	, , , , , , , , , , , , , , , , , , , ,	2 %	÷	**
	From 2013	×	}	***
	From 2014	У		, ***
	From 2015	2 / 1		, , , , , , , , , , , , , , , , , , ,
	Total of lines 3a through e		,,,	<i>2</i> *×
	Applied to underdistributions of prior years	1,4"		
	Applied to 2016 distributable amount	R 50	× - ,-/	
	Carryover from 2011 not applied (see instructions)	\$ 5 K	l×	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		, 🔅	, Kai
4	Distributions for 2016 from Section D,	× **	`	
•	line 7· \$	4 * * * * * * * * * * * * * * * * * * *		
а	Applied to underdistributions of prior years	7		x x
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			, ,
5	Remaining underdistributions for years prior to 2016, if			, 200
-	any Subtract lines 3g and 4a from line 2. For result greater			***
	than zero, explain in Part VI See instructions	<		, å,
6	Remaining underdistributions for 2016 Subtract lines 3h		* *	
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	*		
7	Excess distributions carryover to 2017. Add lines 3j		*	. ;.
•	and 4c	,		
8	Breakdown of line 7:			
_ a				
	Excess from 2013			*
	Excess from 2014			
	Excess from 2015		·	
	Excess from 2016			
_	EXCOSS HORE EVICE			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MORE THAN A BED

Employer identification number 47-1660757

MORE THAN A BED	1 47-1660757
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	59.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK SERVICE CHARGES	1,243.
MEETING MEALS	264.
MISCELLANEOUS	1,017.
SUPPLIES	482.
TRAVEL	645.
PROGRAM SUPPLIES	31,797.
OFFICE EXPENSE	351.
TOTAL TO FORM 990-EZ, LINE 16	35,799.
	~
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
INVENTORY 6	,000. 18,099.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SUPPOR	RT FOSTER FAMILIES
AND THE CHILDREN IN THEIR HOMES BY PROVIDING FOR PRACTICAL	AL NEEDS.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	SHMENTS:
PROVIDE BEDS AS NEEDED FOR CHILDREN PLACED IN FOSTER	
HOMES. FROM JANUARY - JUNE 2017, WE PROVIDED 84	
CRIBS/TODDLER BEDS, 87 TWIN BEDS AND 29 BUNK BEDS. WE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche 632211 08-25-16	dule O (Form 990 or 990-EZ) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

MORE THAN A BED

Employer identification number 47-1660757

SERVED 411 FAMILIES. IN ADDITION, WE ALSO PROVIDE OTHER TANGIBLE ITEMS
FOR FOSTER CHILDREN. WE PROVIDED 20 CAR SEATS, 11 STROLLERS, 17
DRESSERS AND 276 DIAPERS. THE ORGANIZATION RECEIVES NUMEROUS DONATIONS
OF NEW AND GENTLY USED ITEMS TO BE DISTRIBUTED TO ITS CLIENTS. DURING
JANUARY - JUNE 2017, \$25,440 OF BEDS, CRIBS, CAR SEATS, STROLLERS,
DRESSERS AND CLOTHING WERE RECEIVED.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.