SCANNED JUN 19 2012

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Open to Public

_		Information about Form 990 and its instructions is at www.i		90.	inspection
<u>A</u>		2016 calendar year, or tax year beginning , 2016, and end	ing	155	, 20
В		applicable C Name of organization JOVERART COMMUNITY DEVELOPMENT C			ver identification number
닏	Address				1473939
닏	Name ch		suite	ETelepho	ne number
\exists	Initial retu			 _	
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code			
ᆜ	Amended	رود البرود ويورد ويورد ويورد بدا ويود البرود البرود ويورد ويود البرود البرود البرود البرود ويود و المال في الم		G Gross r	
Ш	Application	on pending F Name and address of principal officer TY SMITH	H(a) Is this a	group return for	subordinates? Yes No
		4248 GAYE LANE LAS VEGAS, NV 89108			s included? LYes LNo
1		npt status	If "	No," attach	a list (see instructions)
<u>J_</u>	Website:			p exemption	number ►
<u>K</u>		rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of form	ation 2015	M State	of legal domicile
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
ခွ	1	TO PROVIDE A COMMUNITY SERVICE TO DISADVANTAGED YOUTH, VETS AND THE HOMELE	ss.		
nan					
Ver	2	Check this box ▶☐ if the organization discontinued its operations or disposed	d of more tha	ın 25% of	its net assets
Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3	2
ಇರ	4	Number of independent voting members of the governing body (Part VI, line 1)	o)	4	
Ę.	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	
Activities &	6	Total number of volunteers (estimate if necessary)		. 6	
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior	/ear	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)			
Revenue	1	Program service revenue (Part VIII, line 2g)			7498
š	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			7498
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	 		
	1	Benefits paid to or for members (Part IX, column (A), line 4)			
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		
Sen-		Total fundraising expenses (Part IX, column (D), line 25) ►	, ,		
X	17	Other expenses (Part IX, column A), Ines Markid, 11f-24e)RECEIVEC			23817
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25))}		23817
			ļ		-16319
- 40		Revenue less expenses Subtract line 18 from line 12	Beginning of C	Yurrant Vaar	End of Year
Net Assets or Fund Balances	00 -	0 - 0 0000	Beginning of C		
Sse	20	Total assets (Part X, line 16)	ļ	4880	4323
a det	21		-	4451	20213
		Net assets or fund balances. Subtract # RYGO PE OF NED.	L	429	-15890
	art II	Signature Block			
Uni	der penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete. Declaration of preparer (other than officer) is based on all information of which prepa	tements, and to	the best of	my knowledge and belief, it is
		and complete beclaration of preparer former than officer) is based on an information of which preparer		wiedge	
C:~				<u> </u>	14-17
Sig	1	Signature of officer	L	Pate	,
He	re	TY SMITH, PRESIDENT			
		Type or print name and title			
Pa	id		Date	Check	
	eparer		05/24/20		
	e Only	Firm's name ► BHI BOOKKEEPING (Fii	rm's EIN ▶	88-0167914
		Firm's address ► 2385 N DECATUR BLVD 89108-	Pt	one no	702-259-9983
May	y the IR	S discuss this return with the preparer shown above? (see instructions)	· · · · · ·	<u> </u>	· · 🛚 Yes 🗌 No
For QN/		ork Reduction Act Notice, see the separate instructions.	α		Form 990 (2016)

Form 990 (2016) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE A COMMUNITY SERVICE TO DISADVANTAGED YOUTH, VETS AND THE HOMELESS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes X No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program 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) (Expenses \$ including grants of \$ (Code: including grants of \$ including grants of \$_____) (Revenue \$ (Code.) (Expenses \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to carididates for public ofter? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization manification and the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization region an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negatiation report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts of listed in Part X; or provide credit counseling, debt management, credit repair, or debt negatiation report an amount for indice by the part of provide control organization, directly or through a related organization, dold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—or an equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments—or part equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments—or part equipment in Part X, line 10 that addresses the organization report an amount for investments—or there securities in Part X, line 10 t	Part	V Checklist of Required Schedules			
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(c) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(6), 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, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical triasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization similar collections of works of art, historical triasures, or other similar assets? If "Yes," complete Schedule D, Part III. 10 Did the organization organization assets of the Yes, "complete Schedule D, Part IV. 11 If the organization organization assets are neodowments, or quasi-endowments?" If "Yes, "complete Schedule D, Part V. 12 Did the organization is port an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part X III. 16 Did the organization organization				Yes	No
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b 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	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ند ا
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f 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 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1s the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 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 II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 II (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contr	b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			X
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f 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	d		11d		Х
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	40 -		11f		X
#Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	12 a		12a		X
 14 a Did the organization maintain an office, employees, or agents outside of the United States? 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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 	b		12b		Х
 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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	b	fundraising, business, investment, and program service activities outside the United States, or aggregate			1,5
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15	· · · · · · · · · · · · · · · · · · ·	14b	-	X
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		15	<u> </u>	X
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
If "Yes," complete Schedule G, Part III		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
000			19	<u> </u>	х

Part	V Checklist of Required Schedules (continued)								
			Yes	No					
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		X					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.					
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			v					
23		22		X					
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated								
	employees? If "Yes," complete Schedule J	23		Х					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than								
	\$100,000 as of the 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		Х					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	24c	<u></u>						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a				3.5					
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I								
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		X					
	current or former officers, directors, trustees, key employees, highest compensated employees, or								
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,								
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).								
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u></u>	Х					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV		'	3.7					
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X					
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	Х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х					
30	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,	}		 					
20	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	00		Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32							
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х					
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		Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	}		}					
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		l	7.7					
27	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? <i>If "Yes," complete Schedule R</i> ,								
	Part VI	37		Х					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		 -						
	19? Note. All Form 990 filers are required to complete Schedule O.	38		Х					

VERARI COMMUNITY DEVELOPMENT CORP 47-4473939

Page 5

tenter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Part				
13 Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable 15 D or better the number of Forms W-2G included in line 1s. Enter -0- if not applicable 15 D or better the number of Forms W-2G included in line 1s. Enter -0- if not applicable 10 D or better the number of enging (gambling) winnings to prize winners? 28 Enter the number of enging (gambling) winnings to prize winners? 29 Enter the number of enging (gambling) winnings to prize winners? 30 Sataments, filed for the cafendar year ending with or within the year covered by this return 2 D or bit fat least one is reported on line 2s, did the organization list all required federal employment tax returns? 30 Note, if the sum of lines 1 a and 2s is greater than 250, you may be required to e-file (see instructions) 31 Note, if the sum of lines 1 a and 2s is greater than 250, you may be required to e-file (see instructions) 32 Note of the sum of lines 1 and 2s is greater than 250, you may be required to e-file (see instructions) 33 I X Y See instructions for lines 1 and 2s is greater than 250, you may be required to e-file (see instructions) 34 X Satament and the sum of the organization for end 1s (see instructions) 35 D the organization in a foreign country [such as a bank account, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial accounting (FBAR). 36 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 37 D by any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 38 I **Y See in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 39 Organizations that may receive deductible contributions or approach to the payor? 30 If **Yes," did the organization include with every solicitation an express statement that such contributions or any organization and the payo		Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Voc.	. D
b Enter the number of Forms W-29 included in line 1s. Enter -0 -if not applicable of Did the organization controlly with backing 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 Statements, filled for the calendar year ending with or within the year covered by this return. 5 If at least one's reported on line 2e, did the organization file all required federal enjoyment tax returns? Note. If the sum of lines 1 and 2a is igneate than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 44 At any time during the calendar year, did the organization files an explanation in Schedule 0. 45 If "Yes," list if their a Form 990-1 for this year? #I "No" to film \$5, provide an explanation in Schedule 0. 46 If "Yes," enter the name of the foreign country. ★See instructions of 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? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-7? 5c Does the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," (did the organization include with every solicitation an express statement that such contributions organization solicit any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor? 5b If "Yes," (did the organization include with every solicitation an express statement that such contributions of an express statement that such contributions of an express statement that such contributions of the region of the region of the region of the payor? 5c Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods	12	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable.		165	NO
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reportable gaming (gambling) winnings to prize winners? 2			,		į
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Statements, filed for the calendary year ending with or within the year covered by this return 28 b H at least one is reported on line 2a, did the organization file all required federal employment tax naturns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 30 bd the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," thas it filed a form 990-T for this year? if "No" to file 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country! ≥ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5b 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 (FEAR). 5c Was the organization a party to a prohibited tax shelter transaction of a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b if "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7 Organizations stell any contributions that were not tax deductable as charitable contributions? 8 b If "Yes," indicate the number of Forms 8282 filed during the year 9 b If "Yes," indicate the number of Forms 8282 filed during the year 10 bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 8282? 10 b the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 8282? 11 b the organization sell excluded the sell-tax or other se	2a				
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3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has fittled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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: ▶ 5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 D Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution any contributions that were not tax deductible as charatable contributions? 5 D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 D Organizations that may receive deductible contributions under section 170(c). 8 D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 D Organizations and the state of the payor? 10 D Organization state any receive deductible contributions under section 170(c). 11 Wes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 12 D Organization state any excelve deductible such that the goods or services provided? 13 D Organization state and state and the state of the goods or services provided? 14 "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution of which it was required to file Form 8282? 15 D D organization state and the state of the goods or services provided? 16 D D organization state and the state of the goods or services provided					
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_				
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sponsoring organization have excess business holdings at any time during the year?	8				
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a Did the sponsoring organization make any taxable distributions under section 4966?	9		,		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а		I -		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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: a Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а	Initiation fees and capital contributions included on Part VIII, line 12			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	р				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
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a Is the organization licensed to issue qualified health plans in more than one state?			1	-	
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			10-		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	· · · · · · · · · · · · · · · · · · ·	ı3a	}	
the organization is licensed to issue qualified health plans	h				1
c Enter the amount of reserves on hand	Ŋ				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c		1	_	
——————————————————————————————————————			142	 	x
			\vdash	 	+

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	ion A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			1
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business 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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	Χ	
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, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			direct, ex
а	The governing body?	8a	X	,
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			2
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
	describe in Schedule O how this was done	12c		L
13	Did the organization have a written whistleblower policy?	13		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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	3,7,4	4	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40-	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply.	า 501(c)(3)s	only)
19 20	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		_	/, and
	State the name, address, and telephone number of the person who possesses the organization's books and re TY SMITH 702-524-0499 4248 GAYE LANE LAS VEGAS, NV 89108	coras		

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ınd
	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.										
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ne an	Reportable compensation	related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TY	40				ļ					
SMITH (2)		X	-					0	0	0
(3)										
(4)										
(5)				_						
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)								<u> </u>		
(13)		<u> </u> 								
(14)										,

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			Posi	-		,	(D)	(E)		(F)	
	(A) Name and title	(B) Average					than o		Reportable	(<i>⊏)</i> Reportable	e E	stimated	
		hours per			dad		or/trust		compensation from	compensation related	from a	mount of other	
		week (list any hours for	or d	Inst	Officer	ē l	empl High	Former	the	organizatio		npensatio	n
		related organizations	vidu	itutio	cer	Key employee	nest oloye	ner	organization (W-2/1099-MISC)	(W - 2/1099-M	' 1	rom the ganization	1
		below dotted	of all tra	onal		oloy	e com		(** 2, 1888 *********************************		ar	nd related	
		line)	Individual trustee or director	Institutional trustee		8	pens				org	anizations	S
				ee			Highest compensated employee						
(15)													
(16)								_					
(17)													
(18)								_					· <u>-</u>
			 		_								
(19)		 -	-	}					<u> </u>				
(20)					-			-					
(21)				-									
(22)				_	_	-		-					
						-		<u> </u>					
(23)			})						
(24)			-	\vdash		<u> </u>		<u> </u>	<u> </u>				
37.17		 	1			l							
(25)						-	Ī						
-46	Cult Andrel	<u> </u>	<u> </u>			L		<u> </u>	 				
1b c	Sub-total	 VII Sactic		٠	•		•	>		 			
d	Total (add lines 1b and 1c)			•	•		•	•		 			
2	Total number of individuals (including bu							e) w	ho received m	ore than \$1	00,000 of		
	reportable compensation from the organ							<u> </u>					
_												Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete										Am 45		
4	For any individual listed on line 1a, is the										· · 3	(X
•	organization and related organizations											\$	
	individual										4		X
5	Did any person listed on line 1a receive of										i i		- 37
Cootie	for services rendered to the organization on B. Independent Contractors	rii res, c	comp	iete	301	reac	JIE J	101 :	such person	· · ·	5	<u> </u>	X
1	Complete this table for your five highest	compensat	ted in	den	end	lent	conti	ract	ors that receive	ed more tha	n \$100 000	of.	
	compensation from the organization. Revear												ax
	(A) Name and business add	dress		_					(B) Description of s	services		C) ensation	
								╁			· · ·		
1													
								 					
2	Total number of independent contractor	ors (includi	na b	ıt r	not	lımi	ted to	n th	nose listed ah	ove) who		·	
<i>-</i>	received more than \$100,000 of compens							. LI		5 v 5, v 110			

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Part	: VIII:	Statement of Revenue					
		Check if Schedule O contains a response	or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a 1f \$ Total Add lines 1a-1f	ness Code				
Program Service Revenue	2a b c d e f	All other program service revenue Total Add lines 2a–2f	3300	7498 7498	7498		
	3 4 5 6a b c	Investment income (including dividends, and other similar amounts) Income from investment of tax-exempt bond pro Royalties (i) Real (ii) Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	•				The state of the s
	7a b c d		ı) Other				The state of the s
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					A the stable of
Ě	Ь	Less direct expenses b			建筑 建	THE THE	7
0	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19	s >				
	b c 10a	Less direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	>				the second secon
	С	Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Busin	ness Code				
	11a b c d	All other revenue			\$		Ham No. No.
	12	Total Add lines 11a-11d Total revenue See instructions	>	7498	7498	产,连套, 蓝线	調がより。た、調

Form 9	990 (2016)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com	poloto all columns /	VI other organization	us must complete co	lump (A)
36011					
<u> </u>	Check if Schedule O contains a responso tinclude amounts reported on lines 6b, 7b,	se or note to any iii	(B)	(C)	<u>X</u>
	b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				1
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes	 _			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	 			
13	Office expenses	450	450		
14	Information technology				
15	Royalties				
16	Occupancy	20361	20361		····
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	557	557		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		·		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	1001	1001		
	BUSINESS TAXES	1204	1204		
	AUTO EXPENSES	740	740		
	UHAUL RENTALS	460 45	460	ļ	
	PROMO	45	45		
е 25	All other expenses PROMO Total functional expenses. Add lines 1 through 24e	23817	23817	 	
25 26	Joint costs. Complete this line only if the	23017	23017		
۷.	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)				

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Pa	IT X	Balance Sheet	t X		
	_	Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
Т	1	Cash—non-interest-bearing		1	
- 1	2	Savings and temporary cash investments		2	
ļ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
İ	5	Loans and other receivables from current and former officers, directors,			
ļ	J	trustees, key employees, and highest compensated employees.	and the control of th	5	
		Complete Fait if or Concadio 2	,		
ļ	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		, ,	,
		organizations (see instructions). Complete Part II of Schedule L	Lance Care a comment of the comment	6	
; 		-		7	
Assets	7	Notes and loans receivable, net		8	
⋖	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges	11	, ,	* ***
İ	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 2275		<i>ŀ</i> }	
		000	1950	10c	1393
	b	Less. accumulated depreciation		11	
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets	2930	15	2930
	15	Other assets. See Part IV, line 11	4880	16	4323
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	('1, ', 1 '),		
Liabilities	22	Loans and other payables to current and former officers, directors,		137	
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	4451	22	20213
iab				23	1
_	23	Secured mortgages and notes payable to unrelated third parties .		24	
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	00	Total liabilities. Add lines 17 through 25	4451	26	20213
	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	i ,	l,	·
Ş		complete lines 27 through 29, and lines 33 and 34.	,	,	**
ĕ	07	Unrestricted net assets	The second companies of the analysis of the second companies of the second com	27	
ala	27	Temporarily restricted net assets .		28	
Ä	28 29	Permanently restricted net assets		29	
e e	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Ţ		complete lines 30 through 34.			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds	management of the state of the state of	30	
ěţ	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds	429	32	-15890
et '	33	Total net assets or fund balances	429		-15890
Z	34	Total liabilities and net assets/fund balances	4880	34	4323
		Total habilition and not account the Salarious			Form 990 (2016

47-4473939 Form 990 (2016) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7498 2 Total expenses (must equal Part IX, column (A), line 25) 2 23817 -16319 3 3 4 429 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 5 6 6 7 7 8 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line -15890 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ĉ, ☐ Separate basis Consolidated basis Both consolidated and separate basis . 4. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Ş

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

the Single Audit Act and OMB Circular A-133?

QNA

Schedule O.

Form 990 (2016)

За

3b

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SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name	of the organization				}	Employer identification	number		
·	JOVERART COMMUNITY I	DEVELOPMEN	IT CORP			47-447393	9		
Pai	Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.		
The o	organization is not a private founda	 _							
1	A church, convention of church		,			· ·			
2									
3									
4	☐ A medical research organization						iii). Enter the		
•	hospital's name, city, and state		manadon mana noop				,		
5	An organization operated for t		college or university	owned or	nnerate	d by a government	al unit described in		
Ť	section 170(b)(1)(A)(iv). (Comp		conege of aniversity	0111100 01	οροιαιο	a by a government	ar armit accombact in		
6	☐ A federal, state, or local govern	•	mantal unit decombed	ın cootio	n 170/h)	/4\/A\/ ₆ /)			
7	An organization that normally						the general nublic		
•	described in section 170(b)(1)			3011 110111	a govern	interital unit of hom	trie gerierai public		
0			•	2art 11.\					
8 9	A community trust described in				aratad in	a a a u u a a tua a u u ta a la	and grant callage		
9	An agricultural research organi or university or a non-land grai								
	university:	it college of agri	culture (see matructio	113). Litte	thenam	ie, city, and state of	ine conege of		
10	☑ An organization that normally r	eceives: (1) more	e than 331/2% of its si	inport fro	m contrib	outions membershir	fees and gross		
	receipts from activities related	to its exempt ful	nctions—subject to ce	ertain exc	eptions.	and (2) no more than	า 33¹/₃% of its		
	support from gross investment	income and uni	related business taxal	ole incom	e (less se	ection 511 tax) from	businesses		
	acquired by the organization a								
11	An organization organized and								
12	An organization organized and	•	,						
	of one or more publicly support the box in lines 12a thro								
		· ·	•••		-	•	-		
а	Type I. A supporting organ								
	the supported organization					ne directors or truste	ees of the		
	supporting organization. Yo	-							
b	_								
	control or management of				persons	that control or mana	age the supported		
	organization(s). You must	-				. It is the			
С	☐ Type III functionally integ						illy integrated with,		
_	its supported organization(. ,	•						
d	☐ Type III non-functionally i								
	that is not functionally integ						d an attentiveness		
	requirement (see instructio	•	•						
е	☐ Check this box if the organ						ı II, Type III		
	functionally integrated, or 7		tionally integrated sur	oporting o	organizati	ion.			
f	Enter the number of supported of						<u> </u>		
g	Provide the following information		 						
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))		ment?	instructions)	instructions)		
			,			, i			
				Yes	No				
A)									
				<u> </u>					
B)				ļ					
C)				ļ		ĺ			
				 					
D)				1					
			 	 		 			
E)							-		
		<u> </u>	 		 				

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

Schedule A (Form 990 or 990-EZ) 2016

	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				3 4 77	2 5	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	1 1 1 1		. 4 1/4	15 2 1	15. 1 1: 1: 1:	
	on B. Total Support		T #1 0010		100015	1.1.0010	(f) T-1-1
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015_	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>	<u> </u>		 		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	45	X				<u></u>
12	Gross receipts from related activities, et					12	- F01/a\(0\)
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop he			 .		<u> </u>	
<u>3ecu</u>	on C. Computation of Public Support Public Support percentage for 2016 (line			11 column (fl)		14	%
15	Public support percentage for 2016 (inte					15	%
16a	331/3% support test—2016. If the organ	nization did no	t check the bo	x on line 13, a	nd line 14 is 3	31/3% or more,	check this
	box and stop here. The organization qu	alifies as a pub	olicly supported	lorganization			🕨 📋
b	331/3% support test—2015. If the organithis box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	tion	<i>.</i>	🕨 🔲
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization metal Part VI how the organization meets the organization	neets the "fact "facts-and-cir	s-and-circums cumstances" to 	tances" test, cest. The organ	heck this box nzation qualifie	and stop here es as a publicly 	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets t meets the "fa	he "facts-and- cts-and-circum	circumstances stances" test.	s" test, check The organizat	this box and tion qualifies as	stop here. s a publicly ▶ □
18	Private foundation. If the organization of	did not check a	a box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	see
	instructions	<u> </u>	<u></u> .	<u> </u>		<u> </u>	🟲 📋

· Schedule A (Form 990 or 990-EZ) 2016

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Page	•

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	I.)	
	on A. Public Support			 	,		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				İ		
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	·	<u> </u>				
2	sold or services performed, or facilities		}		}		
	furnished in any activity that is related to the		}		Ì	[
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				<u>.</u>	,	
4	Tax revenues levied for the						
	organization'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		{ }	ĺ			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		Ì		1		
	persons that exceed the greater of \$5,000		1		}		
	or 1% of the amount on line 13 for the year		1				
C	Add lines 7a and 7b		ļ <u></u>				
8	Public support. (Subtract line 7c from						
	line 6.)		1. 1/2 1/2 1/2.	<u> </u>			
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			1			
	payments received on securities loans, rents,			(
	royalties and income from similar sources .	ļ	ļ		ļ		
b	Unrelated business taxable income (less	Ì		ļ			
	section 511 taxes) from businesses acquired after June 30, 1975		}				
_	Add lines 10s and 10s		 	-	 	 	
С 11			<u> </u>		-		
,,	Net income from unrelated business activities not included in line 10b, whether			ĺ			
	or not the business is regularly carried on			l			
12	Other income. Do not include gain or			 			
	loss from the sale of capital assets			l		}	
	(Explain in Part VI)					,	
13	Total support. (Add lines 9, 10c, 11,	 	 	 	 -	 -	
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourth	n, or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					→ 🗆
Secti	on C. Computation of Public Support						
15	Public support percentage for 2016 (line	B, column (f) d	ivided by line 1	13, column (f))		15	%
16	Public support percentage from 2015 Sci	nedule A, Part	III, line 15 .				%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2016 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019		• •	-		18	%
19a	331/3% support tests - 2016. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizati	on . 🕨 🔲
b	331/3% support tests—2015. If the organization						
	line 18 is not more than 331/3%, check this		-	•			
20	Private foundation. If the organization d	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	ctions 🕨 🗵

Page 4

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.)

S

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a	- sik	
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.	3b	^ , `^	
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.	3c	2 2. 2. s	- 22
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.	4a	کُد کد	À.
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		
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?	5b	<u> </u>	
6 6	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.	5c	***	
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)	7		
8	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).	8		
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.	9a		,*,*
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.	9b		
С	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 .	9c		
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.	10a		
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.)	10b		

11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11 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 have the supported organization of the organization and what conditions or restrictions," If any, applied to supported organization of providing such persons or supported organization or trustees and electated simply the supported organization organization and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization of their than the supported organization of their carried out the purposes of the supporting organization of their than the supported organization of their carried out the purposes of the supporting organization of their carried out the purposes of the supporting organization of their than the supported organization of their carried out the purposes of the supporting organization of the supporting organizations. Section C. Type II Supporting Organizations 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 tax year. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's tax year. 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 supporting organization. 1 Did the organization provide to each of	Schedu	tle A (Form 990 or 990-EZ) 2016		F	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or together with persons? described in (6) and (c) below, the governing body of a supported organization? 3 A family member of a person described in (8) above? 3 A 35% controlled entity of a person described in (8) above? 4 A 35% controlled entity of a person described in (8) above? 5 A 55% controlled entity of a person described in (8) above? 6 A 35% controlled entity of a person described in (8) above? 7 A 35% controlled entity of a person described in (8) above? 8 A 55% controlled entity of a person described in (8) above? 8 A 55% controlled entity of a person described in (8) above? 9 A 55% controlled entity of a person described in (8) above? 1 A both directors, tustiese, or membership of one or more supported organizations have the power to describe how the powers to appoint and/or remove directors or trustees an all times during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization of the supported organization or trustees of each of the organization or supported organization or the supported organization or trustees during the tax year also a majority of the directors or trustees of each of the organization of the supporting organization or trustees of each of the organization or the organization or the supported organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiza	Part	IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either allone or together with persons described in (e) and (e) below, the governing body of a supported organization? b A family member of a person described in (e) above? c A 33% controlled entity of a person described in (e) above? c A 33% controlled entity of a person described in (e) above? 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 organizations flevel the organization and what conditions or rescribed the organization as activates. If the organization and more than one supported arganization, describe how the powers to appoint end/or remove directors or trustees were allocated among the supported organizations and what conditions or rescribed to; at any supported organization other than the supported organization and the supported organization other than the supported organizations and what conditions or rescribed out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization and the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization is supported organization of the organizat	4.4			Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) above? If 'Yes' to a. b. or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Old the directors, trustees, or membership of one or more supported organizations have the power to repularly 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 directors or trustees at all times during the tax year if 'No.' describe in Part VI how the supported organization's describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization's activated for remove directors or trustees were allocated among the supported organization's that operated, supervised organization's that operated, supervised organization's that operated, supervised organization's that operated, supervised organization's that operated, supervised organization's that operated, supervised organization's that operated, supervised organization's that operated, supervised organization's the supported organization's the supported organization's that operated, supervised organization's directors or trustees during the tax year alias a majority of the directors or trustees of each of the organization's supported organization's that operated, supervised organization's supported organization's that operated organization's supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 390 that was most recently filed as of the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees other (i) appointed organization's have a significant viole in the organization's involvement, or the supported organization's provided organization's supported organization's supported organization's supported organization's suppo					
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Ves" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors: fusisee, or membership of one or more supported organizations have the power to regularly appoint or leaf at least a melony of the organization's directors or trustees at littimes 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 of the directors or trustees are all considering or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) and any applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the directors or trustees of acts of the organization organization. Section C. Type II Supporting Organizations 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 managed more than supporting Organization was vested in the same persons that controlled or managed the supported organization organization in the same persons that controlled or managed the supported organization organization in the same persons that controlled or managed the supported organization or	а		110		
c. A 35% controlled entry of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the directors, trustaes, 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 supervised, or controlled the properties of the organization of the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization other than the supporting organization organizations (s) that operated, supervised, or controlled the supporting organization of the supporting organization or trustees during the tax year also a majority of the directors or trustees of the supporting organization or trustees of the supporting organization or trustees of the supporting organization or trustees of the supporting organization or trustees of the supporting organization or trustees of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization is offered to responsible to the organization or supported organization is offered to responsible to the organization or supported organization is offered to responsible to the organization or supported organization is offered organization organization is described in (2), did the organization organizati	.				
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	h			†	
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(5) 6 - 1)
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	3 1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	4 4 5 4 3 6 4 7	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	5. " 13. 5; "h. m 5	
4 Enter greater of line 2 or line 3	4	1 1 1 1 1 1 1	
5 Income tax imposed in prior year	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	lly ir	tegrated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2016

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Part) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		/::\	/iii
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2016.			
a				
<u>b</u>	at the training to the training the training to the training t			
<u>c</u>	From 2013			
d	From 2014			
<u>e</u>	From 2015	is 4: "4: \$1 . \$		
f	Total of lines 3a through e	7 š. ×v. \$1. 25		
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			Z 4. 3. % '13.
<u>i</u>	Carryover from 2011 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from		35# 35 *5.3 *5.4 182	
-	Section D, line 7.			
—	Applied to underdistributions of prior years			
<u>b</u>	Applied to Underdistributions of prior years Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.	2 / 04 8* 7		· · · · · · · · · · · · · · · · · · ·
5	Remaining underdistributions for years prior to 2016, if	1. 12 72 2 8	* · · · · · · · · · · · · · · · · · · ·	,,
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		j	, ,
6	Remaining underdistributions for 2016. Subtract lines 3h		;	
_	and 4b from line 1 (if amount greater than zero, see	^	, , ,	
	instructions).	,,	,	
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			>,
8	Breakdown of line 7.			
a	<u> </u>			
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016 .			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization JOVERART COMMUNITY DEVELOPMENT CORP 47-4473939 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a a Total number of conservation easements . **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

_	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply).		d other reco	ords, ched	ck any of th	ne follov	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams	
b	Scholarly research		е	☐ Othe	er			
C	☐ Preservation for future generations							
4	Provide a description of the organization.	tion's collectio	ns and exp	lain how t	they further	the org	ganızatıon's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							□ Yes □ No
Par	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?					itions oi	r other assets not	: Yes No
b	If "Yes," explain the arrangement in P	art XIII and cor	nplete the f	ollowing t	able [.]			
							Am	nount
C	Beginning balance					10		
d	Additions during the year					10		
e	Distributions during the year .					16		
f	•					<u>1f</u>		
2a	Did the organization include an amount							
	If "Yes," explain the arrangement in P. Endowment Funds.	art XIII. Check	nere if the e	explanatio	n nas beer	provid	ed on Part XIII .	· · _ L
Far		anawarad "\	/00" on Fo	OOO	Dowt IV I in	- 10		
	Complete if the organization	(a) Current yea		nor year	(c) Two yea		(d) Three years back	(e) Four years back
	Dankara a afara a kalana	(a) Current yea	(6) F		(C) TWO yea		(u) Three years back	(e) Four years back
1a	Beginning of year balance				ļ			
b	Contributions				 			
С	Net investment earnings, gains, and	!	ĺ		}			
	losses				 -			
a	Grants or scholarships				 			
е	Other expenditures for facilities and		1					
	programs				 			
f	Administrative expenses				 			
g	End of year balance				L.,,			L
2	Provide the estimated percentage of t	he current yea	r end balan	ce (line 1	g, column (a	a)) held	as:	
a	Board designated or quasi-endowmen		%					
b	Permanent endowment	%	.,					
С	Temporarily restricted endowment ►		%					
20	The percentages on lines 2a, 2b, and				املم میمید	a = d = d	minustanced for the	
3a	Are there endowment funds not in the organization by:	e possession o	or the organ	ization in	at are neio	and ad	ministered for the	
	,							Yes No
	(i) unrelated organizations				• • •			3a(i)
L	(ii) related organizations			• •				3a(ii)
6 4	If "Yes" on line 3a(ii), are the related o Describe in Part XIII the intended uses							3b
Part			allon's end	Owinenti	unus			
Lell	Complete if the organization		/os" on Eo	rm 000	Dart IV lin	0 110	Soc Form 000 I	Port V. line 10
	Description of property			$\overline{}$				
		1	or other basis estment)	,	or other basis other) 	de	Accumulated epreciation	(d) Book value
1a	Land					1272	45	
b	Buildings	·		 		 		
¢	Leasehold improvements	·		 		 		
d	Equipment	·	2275			<u> </u>	882	1393
<u>e</u>	Other	·				<u></u>		
	Add lines 1a through 1e (Column (d) n	nust equal Fori	n 990, Part	X, columi	n (B), line 1	Uc.) .	<u> ▶ </u>	1393
QNA							Sched	lule D (Form 990) 2016

JO	VERART COMMUNITY DEVELOPMENT CORP		47	-4473939
Schedule D (Fo	rm 990) 2016			Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation I-of-year market value
(4) Financial			Cost of end	
(1) Financial	neld equity interests	} 		
(3) Other	leid equity interests		 	
(A)				
(B)			 	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation I-of-year market value
(4)		 		
<u>(1)</u> <u>(2)</u>		 		
(3)			+	
(4)			+	
(5)			+	
(6)				
(7)			 	
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11d. See Form	
	(a) Description			(b) Book value
(1)			 	
(2)				
(4)				
(5)				<u></u>
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15).	<u> </u>		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	line 25.	 		<u> </u>
(1) Federal in	(a) Description of liability (b) Book value			, , , , , , , , , , , , , , , , , , , ,
(2)	come taxes			t
(3)			>	
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Par				
	Complete if the organization answered "Yes" on Form 99		·	
1	Total revenue, gains, and other support per audited financial statemen	ts		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		200	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	. 2b		
C	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII)	. 2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	} }		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii			
Part	XII Reconciliation of Expenses per Audited Financial Stat			
	Complete if the organization answered "Yes" on Form 99			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
а	Donated services and use of facilities	. 2a	[3]	
b	Prior year adjustments	. 2b		
С	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	 _
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b .			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.) . .	5	
	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			Part X, line
z, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	art to provide a	any additional information	

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

JOVERART COMMUNITY DEVELOPMENT CORP

47-4473939

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	130	*	i i
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		\$3	1
	☐ Travel for companions ☐ Payments for business use of personal residence			\$.
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			3.4
	E Production and Sportaling account			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	13 1		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
		اً نست		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	$1a^{9}$	2	X	10.00
		' '		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	15.44	.	
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study	1,1		
	Form 990 of other organizations Approval by the board or compensation committee		,	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		l è	
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		* *	
			ì	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1331		
	compensation contingent on the revenues of:			<u></u>
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III		18 3 7	
_	For nercons listed on Form 200. Port VII. Contrar A line to did the arrawigation new or confus only			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	1.00	M	
_	· · · · · · · · · · · · · · · · · · ·	12.5	-10	X
a b	The organization?	6a 6b	├	X
D	Any related organization?	90	\$	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	The soft line od of ob, describe in Fait III.	3	ľ	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		†
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
				1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	۱ ۵	1	1

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. (F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(I)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (E) Total of columns (B)(I)–(D) (D) Nontaxable benefits (C) Retirement and other deferred compensation (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation (i) Base compensation EE (E) Ξ Ξ ΞΞ Ξ ΞΞ EE EE ΞΞ Ξ $\mathbf{\epsilon}$ Ξ Ξ (A) Name and Title SMITH ≽ 15 16 -N က 4 Ŋ 9 ω 0 우 7 42 5 F

Schedule J (Form 990) 2016

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SCHÈDULE 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 20**16**

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

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

Open to Public Inspection

Name of the organization	Employer identification number
JOVERART COMMUNITY DEVELOPMENT CORP	47-4473939
PART VI, SECTION A, LINE 2:	
DICONNO AND WIFE	
HUSBAND AND WIFE	
DARE VII. CEGERAL A LEVE C	
PART VI, SECTION A, LINE 6:	
MEMBERS	
FORM 990 - SUPPLEMENTAL INFORMATION:	
TOWN 550 - BOFFBENERIAL INFORMATION.	
FORM 990 WILL BE PROVIDED UPON REQUEST. WE CHOSE TO MAIL THE RE	TURN.
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