Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Ā	For the 2	2015 caler	idar year, or tax year	beginning	OCTOBER 1	. 2015.	and ending	SEPTEN	ABER 30	, 20 16
В	Check if a		C Name of organization			,,				er identification number
$\tilde{\neg}$	Address c	1	Doing business as SU						-	52-1922280
	Name cha		Number and street (or F			et address)	Room/suite		E Telephoi	
<u></u>	Initial retur	-	1440 MERIDIAN PLAC							202-639-0361
₹.			City or town, state or pi		and ZIP or foreign or	nstal code	1			202-033-0301
=	Final return				and En or lordigit p			l	G Gross re	242 025 07
=	Amended		WASHINGTON, DC 20 F Name and address of p		DD MADITIA D	DEZ FALED	^	11/2 12 22 22 2		subordinates? Yes V No
_	Application	- 1			DR. MARITZA PI	EREZ -FALEK	.0			
			WASHINGTON, DC 20			3	<u> </u>	_		s included? Yes No
<u> </u>	Tax-exem		501(c)(3)	501(c) () ◀ (insert no) L	_1 4947(a)(1) or	<u> </u>	╡		•
<u>, </u>	Website:		7		<u> </u>			H(c) Group		
		ganization	_ Corporation _ Trust	Association	Other ▶	<u> L Ye</u>	ar of formatio	n 1995	M State	of legal domicile
ľ	art i	Summa				 				
_	1 8	Briefly des	scribe the organizat	ion's mission	or most signific	ant activities	:			
Activities & Governance	_									
ı.	-						*			
Ve	1		s box $ ightharpoonupigsquare$ if the org						25% of	its net assets.
Ĝ	1		f voting members o	-		•			3	5
જ	4 1	Number o	f independent votin	g members o	of the governing	body (Part VI	l, line 1b)		4	4
ţį	5 7	Total num	iber of individuals ei	mployed in ca	alendar year 201	5 (Part V, line	e 2a) .		5	4
₹	6 7	Total num	ber of volunteers (e	stimate if nec	cessary)				6	
Å	7a 1	Total unre	lated business reve	nue from Par	t VIII, column (C), line 12 .			7a	
	l d	Net unrela	ated business taxab	le income fro	m Form 990-T, I	ine 34			7b	
								Prior Ye	ar	Current Year
Revenue	8 (Contributi	ons and grants (Par	t VIII, line 1h)			[267,708	270,184.00
			ogram service revenue (Part VIII, line 2g)							39,264.00
eve	1	_	nt income (Part VIII,)	🗀		33,995 108	89.00
ď	1		enue (Part VIII, colur			•			2,543	2,488.27
			nue-add lines 8 thr			-			304,354	312,025.27
_			d sımilar amounts p							
			aid to or for membe							
w	1 4 - 6	-	ther compensation,	•	· · · · · · · · · · · · · · · · · · ·				95,081	94,147.60
Expenses	16a		nal fundraising fees		•					
ğ	b 7		Iraising expenses (F			, , , , ,	· · -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,	- 7 1 (4) - 10h
ŭ	17		enses (Part IX, colu			le) ,			305,294	300,850.57
	1		enses. Add lines 13-				⊢ —		400,375	394,998.17
			less expenses. Sub						-96,021	-82,972.90
- 4		ilovonao i	oos expenses. Cab	1400 1110 10 11		· · · · ·		ginning of Cu		End of Year
ets or	20 7	Total acco	ets (Part X, line 16)				-		,043,200	992,262.88
Net Asse	21		lities (Part X, line 26)			· · -			
ž.	22		s or fund balances.	•			· ·		19,078	12,250.00
	art II		ure Block	Subtract life	21 110111 11116 20		::		,024,121	980,012.88
tru	ider penaiti ie. correct.	and comple	te. Declare that I have ex	aminen this retui	rn, including accomp cer) is based on all ir	anying scriedule Iformation of wh	is and statem ich preparer f	ents, and to ti nas anv knowl	ne best of r edae	my knowledge and belief, it is
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Sig	· ·	Signa	ture of officer	<u> </u>				Da	10/0	1/2014
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пе	re	يلايا	· Mariza	10,0	2- Var					
			or print name and title	Te.	parer's series		154			DTIN
Pa	nid	Printilyp	e preparer's name	Pre	eparer's signature	N . 8	Date		Check	
Pr	eparer	Miguel A	A. Abreu		1/1C/W/A-1	45cw!	() (1.2)	167/2014	self-em	ployed
	se Only	Firm's na			_0			- V Lab Firm	n's EIN ►	<u>~</u> \
		Firm's ac	ddress ➤ 3106 Mount				-Eim-	7 6 45	ne no!	202-644-3481
Ma	y the IR	S discuss	this return with the	preparer sho	wn above? (see	instructions)	FFR T	<u> 5 2017 -</u>	<u> </u>	· · VYes No
Fo	r Paperw	ork Reduc	ction Act Notice, see	the separate i	nstructions.	<u> </u>	Cat No	11282Y	63	Form 990 (2015)

ronn 9 9	990 (2015)	Page Z
Part		
		te to any line in this Part III
1	Briefly describe the organization's mission:	NINO UNIVARIDE WITH NOUSING
	TO PROVIDE PERSON LIVING WITH DISABILITIES INCLUI	THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.
	AND RELATED SERVICES SPECIALLY DESIGNED TO MEI	THEIR PHYSICAL, SOCIAL AND PSTCHOLOGICAL NEEDS.
2	Did the organization undertake any significant program	
	prior Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make sign	
	If "Yes," describe these changes on Schedule O.	the state of the s
4		shments for each of its three largest program services, as measured by s are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each progra	
	the total expenses, and tevenue, it any, for each progre	
4a	(Code:) (Expenses \$ includ	ing grants of \$) (Revenue \$)
		ICT OF COLUMBIA FOR THE PURPOSE OF OWNING
	AND OPERATING RENTAL HOUSING UNDER SECTION 81	
		INDIVIDUALS WITH DISABILITIES LOCATED IN
4b	(Code:) (Eypenses \$ Includ	ing grants of \$) (Revenue \$)
70	(Code:) (Expenses w	11g grants στ φ / (1ονστάο φ /
	•	

	•••••••••••••••••••••••••••••••••••••••	
4c	c (Code:) (Expenses \$ includ	ing grants of \$ \ \(\(\text{(Revenue \$ \)}\)
40	(Code) (Expenses w	γ grants στ φ γ (πονοπάσ φ γ
	•	
	d Other program services (Describe in Schedule O.)	
4u	(Expenses \$ including grants of \$) (Revenue \$
	Total program service expenses	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Part	Checklist of Required Schedules			
1	. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b		14a		1
_	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1

Part	Checklist of Required Schedules (continued)			
00 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		√
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		· ✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		/
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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, Part VI</i>	37		1
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	1	
		For	aai	0 (2015)

- GILL				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		- 🗆
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	√	-
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	_	 -
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	'
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	,	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			
h		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ū	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	'		· ·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		;	
_	100	∤		
C 1 <i>4</i> a	Enter the amount of reserves on hand	14a		1
14a h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a		✓

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schools if Calcada in Constitution and the Constitution of the			
Cooki	Check if Schedule O contains a response or note to any line in this Part VI	• . •	· ·	✓
Secu	on A. Governing Body and Management	$\overline{}$	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a	\dashv	.03	
18	If there are material differences in voting rights among members of the governing body, or	. 1		
	if the governing body delegated broad authority to an executive committee or similar			ı
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		√
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6		√ _
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			
a	The governing body?		✓	
ь	Each committee with authority to act on behalf of the governing body?	8b		<u>√</u>
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	nde l	
Section	The Folicies (This Section B requests information about policies not required by the internal revent	7000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
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		√
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	√	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	 -
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.		
а	The organization's CEO, Executive Director, or top management official	15a	/	
b	Other officers or key employees of the organization	15b	<u> </u>	✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-33		Ť
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.	i	
	with a taxable entity during the year?	16a		✓
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		-1/0	·
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	orock :	ممایم	, ~~~
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.	arest [JUIICY	, and
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation of the person who possesses the organization of the person of the per	ords:		

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Form	ggn	(2015)	

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Part VII	Compens	ation of Offic	ers, Directors,	Trustees	, Key Employees,	Highest Co	mpensated E	mpioyees,	and
	Independe	ent Contracto	rs						

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 noi	any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	(B) Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box, unless person is both an					an	Reportable	Reportable	Estimated amount of
	hours per week (list any	officer and a director/trustee)					<u> </u>	compensation from	compensation from related	other
	hours for related	y ndy.	nstrt	Officer	(ey	mple	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dual	tior	er	ğ	est c	1	(W-2/1099-MISC)	(** 2, ***** ,	organization
	below dotted line)	Individual trustee or director	altr		Key employee	ğ				and related organizations
	,	E	Institutional trustee			Highest compensated employee				
			· ·			8	_			
(1) MARY GRACE FOLWELL	1									
VICE-PRESIDENT				1						
(2) ALLISON ABRAMS	1									· · · · · · · · · · · · · · · · · · ·
TREASURER				✓						
(3) JENNIFER ALPHA	1									
PRESIDENT				✓						
(4) KATHI WHALEN	1			١,						
SECRETARY	ļ		_	-	_	ļ	ļ			
(5) DR. MARITZA PEREZ-FALERO	35			١,				40.000	45.000	
EXECUTIVE DIRECTOR			 	✓		-	-	46,000	45,600	
(6)	<u> </u>									
(7)						 				
				l						
(8)										
		<u> </u>		L						
(9)	ļ	ļ		ĺ				1		
(40)		 	 		-		₩			<u> </u>
(10)										
(11)							†	1		
(12)							1			
		ļ	-	_		-	<u> </u>	 		
(13)	ļ	ł								
(14)	 		╁	├─	-	 	\vdash	<u> </u>		
(14)	· 	1								

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continue	d)
						C)				(E)		
	(B)	(do not check more than one									(F)	
	Name and title	Average hours per	o box, driicas person is both an						Reportable compensation	Reportab compensation		Estimated amount of
		week (list any				_		, ,	from	related		other
		hours for related	d d	ıstıtı	Officer	ey e	핥	Former	the organization	organization (W-2/1099-N		compensation from the
		organizations		힣	¥	Key employee	st co	막	(W-2/1099-MISC)	' 		organization
		below dotted	٦ <u>څ</u>	al tr		oye) mg					and related organizations
		,	stee	Institutional trustee		"	Highest compensated employee					. J
				й			l ite				Ì	
(15)										-		
3												
(16)												
		<u> </u>										
(17)												
(18)												
			<u> </u>									
(19)		ļ										
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(20)		ļ										
(21)												
(0.0)					_		-	-	 			
(22)		}										
(0.0)								-				· · · · · · · · · · · · · · · · · · ·
(23)			l									
(04)		-	<u> </u>	-	-	-		\vdash				
(24)		}										
(25)			ļ	-	_	_						***
(23)												
1b	Sub-total	l	<u> </u>	لبا	·		L					······································
c .c	Total from continuation sheets to Part							· •				-
d	Total (add lines 1b and 1c)	•		-	-			•				
2	Total number of individuals (including but							e) w	ho received m	ore than \$1	00.000	of
	reportable compensation from the organi							,		•	,	
												Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated	17.5
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	ind	ividu	ual					3
4	For any individual listed on line 1a, is the	sum of re	portal	ble (con	nper	nsatio	n a	nd other comp	ensation fr	om the	
	organization and related organizations										or such	
	individual											4
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	? If "Yes," o	compi	ete	Scr	nedu	ıle J i	or s	such person	<u>· · · · </u>	· <u>·</u>	5
Section	on B. Independent Contractors											
1	Complete this table for your five highest											
	compensation from the organization. Rep	ооп сотре	nsatio	on to	or tr	те с	alenc	iar y	ear ending wi	in or within	tne orga	anization's tax
	year.							т			ī	
	(A) Name and business add	iress							(B) Description of s	ervices	ا ا	(C) Compensation
								⊢			-	
								┝				
				-				1			 -	
_							<u> </u>	├-				
								+-				
	Total number of independent contractor	ors (includi	an bi	it n	ot	lımit	ed to) th	nose listed ab	ove) who	200 and	e u e e caledar de e
_	received more than \$100,000 of compens							- 11		- , , ,,,,,,	12.5	PORTOR POR

Fair		Check if Schedule O contains a res	nonse or note to	any line in this i	Part VIII		
	•	Officer in Octrodule O Contains a res	porise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts rts	1a	Federated campaigns 1a					
Gifts, Grants ilar Amounts	b	Membership dues 1b					
s, G Am	С	Fundraising events 1c					
Gift lar	d	Related organizations 1d					
JS, (е	Government grants (contributions) 1e	270,184.00				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	L				
onti	g	Noncash contributions included in lines 1a-1f: \$					
<u>0</u> 8	h	Total. Add lines 1a-1f		270,184.00			
Program Service Revenue	_		Business Code				
eve	2a		532000	39,264.00	39,264.00		
ě	b					_	
Ž	C		<u> </u>				
Š	d			- +-			
<u>ra</u>	e	All other program condes revenue					
် ပို	l f	All other program service revenue . Total. Add lines 2a–2f	▶	20.264.00			<u> </u>
	3	Investment income (including divid		39,264.00	<u> </u>		T
	•	and other similar amounts)		89.00			89.00
	4	Income from investment of tax-exempt be	į.	00.00		· 	- 00.00
	5	Royalties					†
	•	(i) Real	(II) Personal				T
	6a	Gross rents					
	b	Less: rental expenses					
1	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities assets other than inventory	(II) Other				
	b	Less: cost or other basis					
	1	and sales expenses .					
	C	Gain or (loss)	L				
	d	Net gain or (loss)	· · · · · ·				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
her	1	See Part IV, line 18 a					
₹	b	Less: direct expenses b			-		-
	C	Net income or (loss) from fundraising	events . ►				<u> </u>
	ya	Gross income from gaming activities. See Part IV, line 19					
	١.	· · · · · · · · · · · · · · · · · · ·					
	b	Less: direct expenses b Net income or (loss) from gaming act					-
		Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	C	Net income or (loss) from sales of inv Miscellaneous Revenue	entory ► Business Code				
	44-		 				
	11a	Miscellaneous Income	900099	2,488.27	·		2,488.27
	b						+
	C C	All other revenue					+
	d	Total. Add lines 11a-11d	•	2 400 27	 	 	+
	12	Total revenue. See instructions.		2,488.27		_ 	0.577.07
	<u> </u>	Total Teveride, coc mandonolis.		312,025 27			1

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete co	lumn (A).
	 Check if Schedule O contains a respon 	se or note to any lir		_ · · · · · · · · · · · · · · · · · · ·	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	46,000.00	43,700.00	2300	
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	30,288.76	28,774.32	1514.44	
9 10	Other employee benefits	11,443.31 9,242.96	10871.14	572.17	
11 a b	Fees for services (non-employees): Management				
c d	Accounting	14,000.00	13,300.00	700.00	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	2 050 24	2 205 42	102.02	
14	Office expenses	3,858.34	3,365.42	192.92	
15	Royalties				
16	Occupancy	79,360.10	67,140.88	3,533.73	
17	Travel	500.00	25.00	475.00	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	98,788.00	93,848.60	4,939.40	
23	Insurance	13,583.37			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	REPAIR AND MAINTENANCE	83,536.95	79,360.10	4,176.85	
b		83,330.33	79,300.10	4,170.83	
c					
ď					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	394,998.17	375,248.26	19,749.91	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

	990 (20	`					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ine in this Par	(A) Beginning of year	· · ·	(B) End of year
	1	Cash-non-interest-bearing		 	2,300	1	3,500.00
	2	Savings and temporary cash investments			45,000		94,239.88
İ	3	Pledges and grants receivable, net				3	···
ļ	4	Accounts receivable, net			2,589	4	
	5	Loans and other receivables from current and for trustees, key employees, and highest concomplete Part II of Schedule L	ormer officers mpensated	s, directors, employees.		5	
6	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of Scheduler	mployers and beneficiary		6		
Assets	7	Notes and loans receivable, net		[7	
As	8	Inventories for sale or use		[8	·· <u>·</u>
	9	Prepaid expenses and deferred charges		[9	
	10a	Land, buildings, and equipment: cost or	}				
	i	other basis. Complete Part VI of Schedule D	10a	2,583917			
	b	Less: accumulated depreciation	10b	1,689,394	993,311	10c	894,523.00
	11	Investments—publicly traded securities				11	
	12	Investments-other securities. See Part IV, line 1	1	[12	
	13	Investments-program-related. See Part IV, line	11	[13	·
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	_ : : :	1,043,200	16	992,262.88
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		1		19	
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete F		-		21	
Liabilities	22	Loans and other payables to current and fo trustees, key employees, highest compens	sated emplo	yees, and			
iab		disqualified persons. Complete Part II of Schedu			 	22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	17-24). Com	plete Part X			
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			19,078	26	12,250
es		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		► ☐ and			
ğ	27	Unrestricted net assets			1,024,122	27	980,012.88
39	28	Temporarily restricted net assets				28	
B	29	Permanently restricted net assets				29	
Net Assets or Fund Balances	}	Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	8), check here	▶ 🗍 and			_
ी इड	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	١		31	
As	32	Retained earnings, endowment, accumulated inc		, P		32	
Zet Et	33	Total net assets or fund balances		[1,024,122	33	980,012.88
	34	Total liabilities and net assets/fund balances .	<u></u> .	<u> </u>	1,043,200		992,262.88
							Form 990 (2015

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

Consolidated basis Both consolidated and separate basis c 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?

If the organization changed either its oversight process or selection process during the tax year, explain 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.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

2c

За

Form 990 (2015)

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both:

Separate basis

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Employer identification number Name of the organization 52-1922280 SUNFLOWER HOUSE INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u></u>	L		<u> </u>		<u> </u>
	on B. Total Support	(-) 0040	(-) 0040	(-) 0044	(-D 0045	4-1-0046	(A) T-1-1
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	<u> </u>					
9	Net income from unrelated business activities, whether or not the 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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the					12	on 501(c)(3)
13	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line			1, column (f))	 .	14	%
15	Public support percentage from 2015 Scl	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2016. If the organibox and stop here. The organization qua						
b	331/3% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	eets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, chest. The organi	neck this box a zation qualifie	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organızat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

				,			
	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				1	[
_	received. (Do not include any "unusual grants")	272,927	272,928	267,912	267,708	270,184	1,351.659
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		ì	}	1	ŀ	
	furnished in any activity that is related to the			,	j	}	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			ĺ		_ [
	unrelated trade or business under section 513				i	ì	
4	Tax revenues levied for the						
	organization's benefit and either paid		j				
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		ł	}			
	organization without charge		}	į			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ĺ	1	1		
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified				ļ		
	persons that exceed the greater of \$5,000	j	j	j	j	J	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	272,927	272,928	267,912	267,708	270,184	1,351,659
8	Public support, (Subtract line 7c from	,,					.,00.,700.5
	line 6.)				}	Ì	1,351,659
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	272,927	272,928	267,912	267,708	270,184	1,351,659
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	·			l		
	royalties and income from similar sources .	328	400	262	108	16	1,114
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	ĺ	İ		Ì		
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	J	ļ		1		
	or not the business is regularly carried on		l				
12	Other income. Do not include gain or						
	loss from the sale of capital assets		ľ	ł	ì	1	
	(Explain in Part VI.)	27	2,194	1,127	2,543	2,488	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	272,927	272,928	267,912	267,708	270,184	1,363,152
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re	· · · · ·	<u> </u>	<u></u>	<u></u>	<u> ▶ □</u>
	on C. Computation of Public Suppor					·····	
15	Public support percentage for 2016 (line 8		•			15	99.15 %
16	Public support percentage from 2015 Sch			<u> </u>	<u></u>	16	99.23 %
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box		=				_
b	331/3% support tests – 2015. If the organiz						•
	line 18 is not more than 331/3%, check this i		_		•	-	
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲

Supporting Organizations

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

Section	Α.	ΑII	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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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		
С	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		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.			
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).	4c		
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		
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		
	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.	9с		
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.)	10a		

10b

Page	e 5	

Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
L	below, the governing body of a supported organization?	11a 11b		<u> </u>
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			$\neg \neg$
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	- '		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			{
	or management of the supporting organization was vested in the same persons that controlled or managed			. 1
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'	-	\vdash
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	l		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	ł	ļ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		ļ	ļl
Socti	on E. Type III Functionally Integrated Supporting Organizations	3	L	L
			-4'	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	Cuon	S).
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	see in	struct	ions)
		200 111		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[
	those supported organizations and explain how these activities directly furthered their exempt purposes,]		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_	-	2b	 	-
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	T		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
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):			
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		
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		1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	لمتل	egrated Type III supporti	na organization (see
instructions).	y 111L	ogracou rype in supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued) _				
Secti	on D - Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish						
2							
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızations				
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.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
	Distributable amount for 2016 from Section C, line 6			·			
10_	Line 8 amount divided by Line 9 amount	, 					
Se	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—explain in Part VI). See instructions.		,				
3	Excess distributions carryover, if any, to 2016:						
a_							
<u>b</u>							
c	From 2013						
<u>d</u>	From 2014						
е	From 2015						
f_	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2016 distributable amount						
<u>i</u> _	Carryover from 2011 not applied (see instructions)		<u> </u>				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:						
<u>a</u> _	Applied to underdistributions of prior years						
<u> </u>	Applied to 2016 distributable amount						
<u>c</u> _	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	_		;			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.						
8	Breakdown of line 7:						
a							
<u>b</u>	Excess from 2013						
c	Excess from 2014						
d_	Excess from 2015						
е	Excess from 2016						

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raye	•

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)

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.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of	the Organization			Employer identification frames
SUNFL	OWER HOUSE INC.			52-1922280
Part			ised Funds or Other Similar Fun	
	Complete if the	ne 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 co	ontributions to (during year)		
3	Aggregate value of gr	ants from (during year) .		
		nd of year		
5	Did the organization	inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organiz	ation's property, subject to th	ne organization's exclusive legal contro	ol? 📋 Yes 🗌 No
6	Did the organization	inform all grantees, donors, a	and donor advisors in writing that grain	nt funds can be used
			fit of the donor or donor advisor, or f	
Part		n Easements.		
			"Yes" on Form 990, Part IV, line 7.	
1			organization (check all that apply).	
·		•	tion or education) Preservation o	f a historically important land area
	☐ Protection of natu		·	f a certified historic structure
	☐ Preservation of or			
2	-	•	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last			Held at the End of the Tax Year
а	Total number of cons	•		2a
			ts	
	=		historic structure included in (a)	
			(c) acquired after 8/17/06, and not	
-				
3		_		ninated by the organization during the
	tax year ►	,,,,,,,, .		
4		ere property subject to conse	rvation easement is located >	
5			garding the periodic monitoring, ins	pection, handling of
•			asements it holds?	
6			ting, handling of violations, and enforcing	
•	>	ie develou to mermemig, mopeo	ang, nanamg or relatione, and emotioning	ourious values outself of the your
7	Amount of expenses in	ocurred in monitoring inspectir	ng handling of violations, and enforcing	conservation easements during the year
•	▶ \$	rodited in mornioring, inepocia	ig, nanding or riciations, and ornorong	construction outsiments during the year
8		on easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(ı)
_	and section 170(h)(4)(· · · · · · · · · · · · · · · Yes · · No
9		• • •	conservation easements in its revenue	
J		•	of the footnote to the organization's fir	· · · · · · · · · · · · · · · · · · ·
		nting for conservation easem	_	
Part			s of Art, Historical Treasures, or	Other Similar Assets.
			"Yes" on Form 990, Part IV, line 8.	
				revenue statement and balance sheet
				ducation, or research in furtherance of
			footnote to its financial statements tha	
b	,			revenue statement and balance sheet
				ducation, or research in furtherance of
		le the following amounts relat	•	
	•	_	•	> \$
				· · · · · • •
2				▶ \$ r assets for financial gain, provide the
~			SFAS 116 (ASC 958) relating to these i	
_	=			
	Assets included in Fo			> \$
L)	- pastia un illustru III El	annaau, i anna		

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Schedule D	(Form	990)	2016
D 4 III		<u> </u>	

Part	III Organizations Maintaining C	ollections of A	Art, Hist	orical 1	reasures,	or O	her Similar As	sets (c	ontinu	ed)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and oth			·		_	gnifican	t use o	of its
а	☐ Public exhibition				or exchange					
b	Scholarly research		e	Other	,					
С	☐ Preservation for future generations									
4	Provide a description of the organizatio XIII.	n's collections a	ınd expla	iin how t	hey further t	the org	janization's exem	npt purp	ose in	Part
5	During the year, did the organization so							ır		
	assets to be sold to raise funds rather th		ined as p	art of the	e organization	on's co	ollection?	Y	es 🗌	No
Part	Complete if the organization a 990, Part X, line 21.	nswered "Yes"							n Forn	n
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?								es 🗌	No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able:					
							Ar	nount		
С	Beginning balance					10				
d	Additions during the year					10	<u> </u>			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount									No
b	If "Yes," explain the arrangement in Part	XIII. Check here	e if the ex	planation	n has been j	provid	ed on Part XIII .	· · ·	\Box	<u> </u>
Part							•			
	Complete if the organization a						,			
		(a) Current year	(b) Pno	r year	(c) Two years	s back	(d) Three years back	(e) Fou	r years b	ack
1a	Beginning of year balance							<u> </u>		
b	Contributions									
С	Net investment earnings, gains, and losses	·								
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current year en	d balanc	e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the p	oossession of th	e organiz	zation tha	at are held a	and ad	ministered for th	е		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga							_3b	<u> </u>	
_4	Describe in Part XIII the intended uses o		n's endo	wment f	unds.					
Part	, J, I						_			
	Complete if the organization a	nswered "Yes'	on For	m 990, f	Part IV, line	<u>11a.</u>	See Form 990,	Part X,	line 1	0
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) Bo	ok value	
1a	Land	18	2,632.00						18	2,632
b	Buildings	2	,401,285				1,689,394			1,891
С	Leasehold improvements									
d	Equipment									
e	Other									
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 99	90, Part)	(, columr	n (B), line 10	c.) .	▶		89	4,523

Part VII	Investments - Other Securities		- 00/	David IV dia a	44b Con Form	000 Dank V line 40
	Complete if the organization ans					
•	(a) Description of security or category (including name of security))	(b)	Book value		hod of valuation -of-year market value
(1) Financia	derivatives					
	neld equity interests	[
(3) Other						
(A)						
(B)						
(C) (D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments - Program Related					
	Complete if the organization ans	wered "Yes" on Forn	n 990	0, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b)	Book value		thod of valuation
					Cost or end	-of-year market value
(1)						
(2)						
(3)						
(4)	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·					
(5) (6)						
(7)						
(8)					·	
(9)						
Total. (Column	b) must equal Form 990, Part X, col (B) line 13) ▶					
Part IX	Other Assets.	-				
	Complete if the organization ans		n 990	0, Part IV, line	11d. See Form	
41 01011	<u></u>	a) Description				(b) Book value
(1) CASH (3,500
	CEMENT RESERVE					94,239.88
(3)						
(5)						
(6)						<u> </u>
(7)						
(8)						
(9)						<u></u>
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u> </u>	<u> ▶</u>	97,739.88
Part X	Other Liabilities.	1407 11		0. D. (0/ 1)	44 .446 0.	- F 000 D-+V
	Complete if the organization ans	wered "Yes" on Forn	n 990	J, Part IV, line	11e or 11f. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value				
	ncome taxes	(b) Book value				
(2)	TOME taxes					
	T'S SECURITY DEPOSIT		,704			
(4) Current			,546			
(5)	Eldomey		,545			
(6)			\neg			
(7)			$\neg \neg$			
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		,250			
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footno	te to t	the organization's	s financial stateme	ents 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

Par	XI Reconciliation of Revenue per Audited Financial Statem		Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	_4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
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:		***
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	4 34
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	, . ,	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		(5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
а	Investment expenses not included on Form 990, Part VIII, line 7b		1 30
b	Other (Describe in Part XIII.)		-13.6
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<u>e 18.) </u>	5
	XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
z, i ai	t Ai, lines 20 and 40, and 1 art Air, lines 20 and 40. Also complete this part	to provide any additional in	normation.
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Schedule D (For	m 990) 2016	²age ⊃
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**16**

Department of the Treasury Internal Revenue Service Name of the organization ► 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

Employer identification number

SUNFLOWER HOUSE	52-1922280
FORM 990, PARTI, LINE 1, DESCRIPTIOM OF THE ORGANIZATION MISSION:	
FORM 990, PART VI, SECTION B, LINE 8B : THE ORGANIZATION DOES NOT HAVE COMMITTEE WITH	AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY .	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DID NOT PROVIDE FORM 990 TO ALL	MEMBERS OF ITS GOVERNING BODY
BEFORE FILLING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUA	ALLY INTEREST THAT COULD GIVE
RISE TO CONFLICT THROUGH DISCUSSION AND A SIGNED CERTIFICATION. KEY EMPLOYEES ARE	REQUIRED TO DISCLOSE ANY
CONFLICTS OF INTEREST DURING THEIR ANNUAL REVIEW.	
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETER	MINED AND APPROVED
BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS	S, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 2C: THE PROCESS HAS NOT CHANGE FROM PRIOR YEAR.	
THE AUDIT HAS NOT YET BEEN COMPLETED.	
·····	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization SUNFLOWER HOUSE INC

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection 2016

OMB No 1545-0047

Employer Identification number 52-1922280

(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1))
(2)						
(6)						
(4)						
(5)						
(9)						
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the indicate if the indicate in the indicat	ne organization a	nswered "Yes" or	ו Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (rf section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) MARIGOLD PLACE, INC 52-2070829 1440 MERIDIAN PL. NW , WASHINGTON, DC 20010	Own & Operates renta	D.C	501(c) 3		Line 7 N/A	↓ →
(2)	housing project unde	į				
(5)	the National Housing					

Schedule R (Form 990) 2016

Line 7 N/A

501(c) 3

D.C

Own & Oparete Housin

1440 MERIDIAN PL. NW, WASHINGTON, DC 20010

(5) DAFFODIL HOUSE, INC 52-1891246

Act.

to person living HIV

Line-7

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1440 MERIDIAN PL, NW, WASHINGTON, DC 20010
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(7) Ailding Futures Inc.

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304(e)-3

Schedule R (Form 990) 2016

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (k) Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ŝ (h) Percentage ownership Yes (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
| Direct controlling | entity (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization **a** Part III Part IV E 9 ₹ 9 Ξ 8 ල € 3 Ξ ල Ε 3

		Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
	m 990) 2016	Transaction	
***	Schedule R (Form 990) 2016	Part V	
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ansactions with one or more related organizations listed in Parts II–IV? 10 10 10 10 10 10 10 1	Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No	1
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016 **Open to Public** Inspection

Employer identification number

Name of the organization SUNFLOWER HOUSE 52-1922280 FORM 990, PARTI, LINE 1, DESCRIPTIOM OF THE ORGANIZATION MISSION: FORM 990, PART VI, SECTION B, LINE 8B: THE ORGANIZATION DOES NOT HAVE COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DID NOT PROVIDE FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE FILLING THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST THAT COULD GIVE RISE TO CONFLICT THROUGH DISCUSSION AND A SIGNED CERTIFICATION. KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST DURING THEIR ANNUAL REVIEW. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 2C: THE PROCESS HAS NOT CHANGE FROM PRIOR YEAR. THE AUDIT HAS NOT YET BEEN COMPLETED.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization SUNFLOWER HOUSE INC

Complete if the organizat Related Organ; zations and Unrelated Partnerships

▶ Attach to Form 990.

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

Open to Public 16 Inspection 80

OMB No. 1545-0047

Employer identification humber

52-1922280

(f) Direct controlling n answered "Yes" on Form 990, Part IV, line 34 because it had entity (e) End-of-year assets prganization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization one or more related tax-exempt organizations during the tax year. Primary activity Identification of Disregarded Entities. Complete if the (a) Name, address, and EIN (if applicable) of disregarded entity Partl Part II Ξ ල 8 9 €

(g) Section 512(b)(13) controlled entity? Ŷ Yes (f) Direct controlling Line 7 N/A Line 7 N/A Line 7 N/A (e)
Public charity status
(if section 501(c)(3)) 501(c)/3 (d) Exempt Code section 501(c) 3 501(c) (c) Legal domicile (state or foreign country) <u>၁</u> D.C D.C Own &Oparete Housin Own & Operates renta housing Project unde the National Housing to person living HIV (b) Primary activity Act. (a) Name, address, and EIN of related organization 1440 MERIDIAN PL. NW, WASHINGTON, DC 20010 1440 MERIDIAN PL. NW, WASHINGTON, DC 20010 (1) MARIGOLD PLACE, INC 52-2070829 (5) DAFFODIL HOUSE, INC 52-1891246 (9) ල 2 €

Schedule R (Form 990) 2016

Cat No. 50135Y

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

1440 MERIDIAN PL. NW, WASHINGTON, DC 20010

(7) Building Futures Inc.

Schedule R (Form 990) 2016

Part III

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2016 ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? Yes No (h) Percentage ownership of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No Share of total income (g) Share of end-of-(e)
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(C corp. S corp, or trust) (f)
Share of total (d)
Direct controlling
entity (e)
Predominant
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unrelated,
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tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
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ule R (Form 990) 2016	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Schedule R (F	Part V

e or more related organizations listed in Parts II–IV? 10	<u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u> <u>8</u>	plodi	mount three	Method of determining amount involved Schedule R (Form 990) 2016	(c) Amount involved	plete this line, include (b) Transaction type (a-s)	[절]
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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