Egg. 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

For the 2016 calendar year, or tax year beginning 2016, and ending . 20 B Check if applicable C Name of organization ? D Employer identification number Smiles Beyond the Bars, Inc. 611701330 ✓ Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return Ste 105 #134 602-628-9886 32531 N Scottsdale Road Final return/terminate City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Scottsdale, AZ 85266-1519 Number 🕨 😰 Application pending G Accounting Method: ☐ Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization: Corporation Trust Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . ? 2 Program service revenue including government fees and contracts 2 ? 3 3 ? 4 4 Gross amount from sale of assets other than inventory 5a 58 Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . しいった。正法があるのの 85,943 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** 34,233 Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 144,972 10 Grants and similar amounts paid (list in Schedule O) 11 44,758 12 Salaries, other compensation, and employee benefits ? Professional fees and other payments to independent contractors 2. 130 24.037 13 14 Occupancy, rent, utilities, and maintenance 14 8,239 15 Printing, publications, postage, and shipping 1.387 12,609 16 Other expenses (describe in Schedule O) 2 16 17 Total expenses. Add lines 10 through 16. 17 91,031 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 53,941 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 15.323 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 69.264 Net assets or fund balances at end of year. Combine lines 18 through 20

9

Form 990-EZ (2016)

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mondone for that ty of the training and a series and a to the partie and question in the	<u> </u>	-	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		~
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
þ	Did the organization file Form 1120-POL for this year?	37b		>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		-
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
θ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_
41	List the states with which a copy of this return is filed ▶		<u></u> -	
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	}		
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	> [
			Yes	N
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-
c	Did the organization receive any payments for indoor tanning services during the year?	44c		•
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		•
45a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		•
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

46		ne organization engage, directly or in ndidates for public office? If "Yes," c					-	46		
Part \	_ ,	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.		estions 47-49b and	l 52, and co	mplete th	e table	es fo	or line	 es
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI		·	<u> </u>		
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) electi	on in effect	during the	1	47	Yes	No Z
48 49a	Did th	organization a school as described in the organization make any transfers to s," was the related organization a se	an exempt non-cha	ritable related organ	ization?		· [48 19a 19b		V 2
50 	Comp	s, was the related organization a se plete this table for the organization's pyees) who each received more than	five highest compen	sated employees (ot	her than offic	ers, directe	ors, tru	stee	s, an	d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions benefit plans, comper	to employee and deferred			d amou pensat	
				\	ļ					
							···			
										
f 51	Comp	number of other employees paid ovo olete this table for the organization' 000 of compensation from the orga	s five highest comp	ensated independen	t contractors	who each	n recei	ved	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c)	Compe	nsatio	on	
										
d 52	Did t	number of other independent contra the organization complete Scheduleted Schedule A	•	•	. ►anızations m	nust attack	n a .▶☑	Yes		No.
		of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than					nowledge	e and	belief,	it ıs
Sign	33, 41	Signature of officer	The state of the s	Dat	1-82-1	7				
Here	?	Mark Johnson President and Trea Type or print name and title	surer	· · · · · · · · · · · · · · · · · · ·						
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	int	ΠN		
Use	1	Firm's name				n's EIN ▶				
May th	ne iRS	Firm's address ► discuss this return with the prepare	shown above? See	instructions	Pho	one no.	▶ [7]	Vae		<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 61-1701330 Smiles Beyond the Bars, 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 8 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: 10 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 331/3% 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 b 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.

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	10 listed in your governing		(vi) Amount of other support (see instructions)
			Yes	No	
(A)					
(B)					
(C)					
(D)	,				
(E)					
Total					

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with.

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III

its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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	ile A (Form 990 or 990-EZ) 2016						Page 2
Part							-
	(Complete only if you checked t						ality under
0 4	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	1 11		1		1	
	idar 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			1		j l	
3	The value of services or facilities						
	furnished by a governmental unit to the	}					
	organization without charge	1	ı				
4	Total. Add lines 1 through 3	·	-				· · · · ·
	-	7 50 100 3	The state of	in the	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Second "	
5	The portion of total contributions by	1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sandy & Society				
	each person (other than a				Charles And		
	governmental unit or publicly	L. C. Marie A.	3400		21.5	18 C. 18 C. 1	
	supported organization) included on	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			45 mg		
	line 1 that exceeds 2% of the amount	and the state of t	Section 18	1	146	977 138 20 20	
_	shown on line 11, column (f)	r. abdur.	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	A CONTRACTOR OF THE PROPERTY O	aryaged as to 1 to		
6	Public support. Subtract line 5 from line 4	The Button of the	4 -5		٠ ١٠,٠ ٠ ١٠,١٠	F	
	on B. Total Support	1		1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
_	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,	}	1				
	rents, royalties and income from similar				'		
	sources						
9	Net income from unrelated business	-					
	activities, whether or not the business		i				
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) '					ļ	
11	Total support. Add lines 7 through 10	(A)	a francis	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*	Serve from 18	
12	Gross receipts from related activities, etc			r c consts+ c, "		12	
13	First five years. If the Form 990 is for the			d third fourth	or fifth tax ve		501(c)(3)
	organization, check this box and stop he	re					•
Secti	on C. Computation of Public Support	rt Percentag	e		<u> </u>		<u> </u>
14	Public support percentage for 2016 (line			1 column (fl)	· · · · · · · · · · · · · · · · · · ·	14	%
15	Public support percentage from 2015 Sci					15	
16a	331/3% support test—2016. If the organ						
	box and stop here. The organization qua						
ь	331/3% support test—2015. If the organi			-			
_	this box and stop here. The organization						
170				-			
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "			•	•	as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						▶ 🗆

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check 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.)

	if the organization falls to qualify	under the te	sts listed Delo	w, piease co	mpiete Part II	<u>.) </u>	
	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		ļ				
_	received. (Do not include any "unusual grants.")	0	21,016	76,598	99,490	110,739	307,843
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				[
	organization's tax-exempt purpose			ŀ	44,510	85,943	130,453
3	Gross receipts from activities that are not an	-					
	unrelated trade or business under section 513		1	}	1]	
4	Tax revenues levied for the						
•	organization's benefit and either paid	1	1	}	ł	}	
	to or expended on its behalf				i		
5	The value of services or facilities	· · · · · · ·					
•	furnished by a governmental unit to the]	l			
	organization without charge		İ		ĺ		
_	· · · · · · · · · · · · · · · · · · ·	0	24 04/	7/ 500	144.000	10/ /02	420.207
6	Total. Add lines 1 through 5		21,016	76,598	144,000	196,682	438,296
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			ţ	i		
			ļ				
þ	Amounts included on lines 2 and 3		l	i			
	received from other than disqualified	l l	1	Ì	Ì	}	
	persons that exceed the greater of \$5,000				-		
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						438,296
8	Public support. (Subtract line 7c from	'			1	1	
	line 6.)	! 				<u> </u>	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	21,016	76,598	144,000	196,682	438,296
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties and income from similar sources .				ļ		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				ŀ		
	acquired after June 30, 1975			}	1	ĺ	
C	Add lines 10a and 10b	····	· · · - · · · · ·				
11	Net income from unrelated business					 	
• •	activities not included in line 10b, whether		1	İ	i	ļ	
	or not the business is regularly carried on			1			
12	Other income. Do not include gain or		 				
	loss from the sale of capital assets]	ĺ			
	(Explain in Part VI.)			ł	į		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	21,016	76,598	144,000	196,682	438,296
14	First five years. If the Form 990 is for the						
17	organization, check this box and stop he				•		
Sacti	on C. Computation of Public Suppor		<u> </u>		• • • • •	· · · · ·	
15	Public support percentage for 2016 (line 8			2 column (f)		15	%
			•			16	
16 Secti	Public support percentage from 2015 School D. Computation of Investment In			 		1 10 1	
17	Investment income percentage for 2016 (/ line 12 colum	an (fl)	17	%
18	Investment income percentage from 2015		•			18	
	331/3% support tests—2016. If the organ		•				
19a	17 is not more than 331/3%, check this box						
			-	=		-	
þ	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this I						
20	LIBUATA TALIBRATIAN IT TO A CYCONIZATION CI	7 DAT CDACK 4	DOV ON LING 1/	TUO AT TUN A	DOOK THIS BOY	and and inctric	TIANC - I

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Departr	nent of the Treasury			ttach to Form				Open to Public
	Revenue Service of the organization	► Information at	out Schedule G (Fo	orm 990 or 990	-EZ) and its	Instructions is at www	Employer identifi	Inspection cation number
	s Beyond the Bai	rs, Inc.					1 ' '	1701330
Par	Fundrai	sing Activities.	Complete if th	e organiza	tion answ	rered "Yes" on I	Form 990, Part IV,	line 17.
		0-EZ filers are r						
1	Indicate wheth	er the organization	n raised funds t			-	heck all that apply.	
а	Mail solicit					on of non-govern	-	
b	= '	d email solicitatio	ns	f		on of governmen	•	
C	☐ Phone solid			g 🗠	Special f	undraising events	3	
d	In-person s		ton or oral agra	amant with	on undivid	lual (including offi	cers, directors, trus	tooo
2a							cers, directors, trus fundraising services	
ь			•	•		•	•	ne fundraiser is to b
_		at least \$5,000 by					ionio andor triion ti	
			<u> </u>	T	 	1	AA Amount poid to	
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			!	Yes	No	 		
1								
2								
3								
4				 				
5								
6								
7				 			······································	
8		- <u>, , , , , , , , , , , , , , , , , , ,</u>						
9								
10				<u> </u>	Į			
Total			1 ,	4	· · · · · · · · · · · · · · · · · · ·			
3	List all states	in which the orga	nızatıon is regis	tered or lic	ensed to s	olicit contribution	s or has been notif	ied it is exempt from
	registration or	licensing.						

		·						
		*****					***************************************	

	dule G	(Form 990 or 990-EZ) 2016 Fundraising Events. Conthan \$15,000 of fundraisir				
		gross receipts greater tha		and gross income on	() () () () () () () () () ()	and op. List events with
		3.000 p	(a) Event #1 Smilemaker Holiday (event type)	(b) Event #2 Dental Apprectiation (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	85,943	0	(iotal nameor)	85,943
Œ	2	Less: Contributions Gross income (line 1 minus line 2)	85,943			85,943
	4	Cash prizes				
	5	Noncash prizes	1,995			1,995
sesue	6	Rent/facility costs	20,000	5,000		25,000
Direct Expenses	7	Food and beverages	11,562	3,500	-	15,062
Direc	8	Entertainment	2,088	1,000		3,088
	9	Other direct expenses .	3,761	2,804	· · · · · · · · · · · · · · · · · · ·	6,565
Do	10 11 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		51,710 34,233
ra	ببلكة	than \$15,000 on Form 9	_	ed tes onronnes	o, rait iv, lille 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<u> ▶</u>	
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	-	s in each of these states		🗌 Yes 🗌 No
10		/ere any of the organization's g	•	l, suspended, or termina		

ichedu	ile G (Form 990 or 990-EZ) 2016			Pa	1ge 3
11	Does the organization conduct gaming activities with nonmembers?		Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility				%
b	An outside facility				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►				
	Address►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	П	Yes	П	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			_	
c	amount of gaming revenue retained by the third party ► \$				
	Name ►				
	Address►				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions			nd	
		•			
	,,				

SCHEDULE 0 (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.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.goy/form990. Internal Revenue Service Name of the organization Employer identification number Smiles Doyand the Dare Inc

Name of the organization					Employer identification number
Smiles Beyond the Bars, Inc.					61-1701330
Other Expenses (Line 16 part I)					
Advertising & Promotion	\$ 100			·	
Automobile Expenses	1,200				
Bank Service Charges	310				
Computer & Internet Expenses	414				
Credit Card Processing Fees	401				
Dental Services	500				
Dues & Subscriptions	1,754				
Financing Fees	185				
Gifts and Promotional Items	167				
Insurance Expense	446	,			
Meals & Entertainment	305				
Ministry Expenses	144				
Miscellaneous Expense	4,236				
Newsletter	847		**************************************		
Office Supplies	407				
Telephone	1,193				
Total Other Expenses	\$12,609				
Other Assets (line 24 Part II)			·		
Barter Credits Receivable		\$ 5,155			
Donations Receivable	·	35,026	·		
Total Other Assets		\$40,181			

Schedule O (Form 990 or 990-EZ) (2016	5)		 		Page 2
iame of the organization			 	Employer identification number	
Smiles Beyond the Bars, Inc.				61-1701330	

Total Liabilities					
Assessed Functions	¢2 244				
Accrued Expenses	\$3,244		 		
Loan from Board Member	(2,300)		 		
Total Liabilities	\$ 944		 		

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