

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017

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

1806

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

Form 990 header section including B (Check if applicable), C (Name of organization: CALAIS HOUSE, INC.), D (Employer identification number: 72-1238291), E (Telephone number: (225) 765-6565), F (Name and address of principal officer: JEFF LIMBOCKER), G (Gross receipts \$: 354,137), H(a) (Is this a group return for subordinates?), H(b) (Are all subordinates included?), I (Tax-exempt status), J (Website), K (Form of organization), L (Year of formation), M (State of legal domicile).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Briefly describe the organization's mission... TO PROVIDE AFFORDABLE HOUSING AND SPECIALIZED SERVICES...; 2. Check this box if the organization discontinued its operations...; 3-7. Activities & Governance (voting members, employees, volunteers, revenue); 8-12. Revenue (contributions, program service, investment, other); 13-19. Expenses (grants, benefits, salaries, fundraising, other); 20-22. Net Assets or Fund Balances (total assets, liabilities, net assets).

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SCANNED AUG 05 2019

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section with fields for Sign Here, Signature of officer (JEFF LIMBOCKER), Date (5-13-2019), and Title (CFO).

Preparer section with fields for Paid Preparer Use Only, Print/Type preparer's name (RYAN HOOKS), Preparer's signature (Ryan B. Hooks), Date (5/5/2019), Check self-employed, PTIN (P00746825), Firm's name (KPMG LLP), Firm's EIN (13-5565207), Firm's address (301 MAIN STREET, SUITE 2150 BATON ROUGE, LA 70801), and Phone no (225-344-4000).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

942

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission  
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 383,835 including grants of \$ \_\_\_\_\_) (Revenue \$ 153,649 )  
CALAIS HOUSE, INC. PROVIDES ELDERLY PERSONS WITH HOUSING  
FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR NEEDS.  
THERE ARE 67 UNITS WHOSE OCCUPANTS ARE RECEIVING BENEFITS.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 383,835.

Part IV Checklist of Required Schedules

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .   |     | X  |
| 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? If "Yes," complete Schedule C, Part II. . . . .  |     | X  |
| 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. . . . .   |     | X  |
| 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. . . . .  |     | X  |
| 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. . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .  |     | X  |
| 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 . . . . .           |     | X  |
| 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. . . . .   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .  | X   |    |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .  |     | X  |
| c 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. . . . .   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .  | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .   | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .  | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . |     | X  |
| 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 . . . . .  |     | X  |
| 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 . . . . .  |     | X  |
| 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). . . . .  |     | X  |
| 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 . . . . .  |     | X  |
| 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 . . . . .  |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule J.</i>  | X   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>                                       |     | X  |
| 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? <i>If "Yes," complete Schedule L, Part II.</i>                                 |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| c   | 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? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>  | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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?... 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?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 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?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... b Other officers or key employees of the organization... If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)... 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) OLIVIA OGDEN OLINDE<br>BOARD MEMBER     | 2.00<br>6.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) BRENDA BIRKETT, M.D.<br>CHAIR           | 2.00<br>6.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) SR. RITA LANIE, OSF<br>SEC/TREASURER    | 2.00<br>7.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) MAE CALVIN-BELTON<br>BOARD MEMBER       | 2.00<br>6.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) KAREN ALLEN<br>PRESIDENT                | 1.25<br>48.75  | X  |                       | X       |              |                              |        | 0.   | 269,623.  | 73,070.   |
| (6) DR. R.A. RADZIKOWSKI<br>BOARD MEMBER    | 2.00<br>6.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) LYNN BRADLEY<br>BOARD MEMBER            | 2.00<br>6.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) VICTOR HOWELL<br>CO-CHAIR               | 2.00<br>6.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) DR. LEO BLAIZE III<br>BOARD MEMBER      | 2.00<br>48.00  | X  |                       |         |              |                              |        | 0.   | 334,223.  | 18,221.   |
| (10) WILLIAM R. MULLINS III<br>BOARD MEMBER | 2.00<br>6.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) TOM OLINDE<br>CHAIR                    | 6.00<br>2.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (12) JEFFERY LIMBOCKER<br>CFO               | 2.00<br>58.00  |  |                       | X       |              |                              |        | 0.   | 552,329.  | 131,623.  |
| (13)  |  |  |                       |         |              |                              |        |  |   |   |
| (14)  |  |  |                       |         |              |                              |        |  |   |   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0.

Questions 3, 4, and 5 regarding compensation reporting with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

|   |  |   | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|---|--|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .   | 1a   |  |   |  |  |
|   | b  | Membership dues . . . . .   | 1b   |  |   |  |  |
|   | c  | Fundraising events . . . . .  | 1c   |  |   |  |  |
|   | d  | Related organizations . . . . .   | 1d   |  |   |  |  |
|   | e  | Government grants (contributions) . . . . .   | 1e   | 200,351  |   |  |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . . | 1f   |  |   |  |  |
|   | g  | Noncash contributions included in lines 1a-1f \$ . . . . .                                  |  |  |   |  |  |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . .   |  | 200,351  |   |  |  |
| <b>Program Service Revenue</b>                                    | 2a   | RENTAL REVENUE  | Business Code<br>900099                                | 149,043  | 149,043                                 |  |  |
|   | b  | LAUNDRY & VENDING   | 900099   | 4,362  | 4,362                                   |  |  |
|   | c  | OTHER REVENUE   | 900099   | 17   | 17                                      |  |  |
|   | d  | TENANT CHARGES  | 900099   | 227  | 227                                     |  |  |
|   | e  |   |  |  |   |  |  |
|   | f  | All other program service revenue . . . . .   |  |  |   |  |  |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . .   |  | 153,649  |   |  |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest,<br>and other similar amounts). . . . .    |  | 137  |   | 137  |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . .                                |  | 0  |   |  |  |
|   | 5  | Royalties . . . . .   |  | 0  |   |  |  |
|   | 6a   | Gross rents . . . . .   | (i) Real   |  |   |  |  |
|   |  |   | (ii) Personal  |  |   |  |  |
|   |  |   |  |  |   |  |  |
|   | b  | Less rental expenses . . . . .  |  |  |   |  |  |
|   | c  | Rental income or (loss) . . . . .   |  |  |   |  |  |
|   | d  | Net rental income or (loss) . . . . .   |  | 0  |   |  |  |
|   | 7a   | Gross amount from sales of<br>assets other than inventory                                   | (i) Securities   |  |   |  |  |
|   |  |   | (ii) Other   |  |   |  |  |
|   |  |   |  |  |   |  |  |
|   |  |   |  |  |   |  |  |
|   | b  | Less cost or other basis<br>and sales expenses . . . . .                                    |  |  |   |  |  |
|   | c  | Gain or (loss) . . . . .  |  |  |   |  |  |
| d   | Net gain or (loss) . . . . .   |   | 0  |  |   |  |  |
| 8a  | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a   |  |  |   |  |  |
|   |  | b   | Less direct expenses . . . . .                         |  |   |  |  |
|   |  | c   | Net income or (loss) from fundraising events . . . . . |  | 0                                       |  |  |
| 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | a   |  |  |   |  |  |
|   |  | b   | Less direct expenses . . . . .                         |  |   |  |  |
|   |  | c   | Net income or (loss) from gaming activities . . . . .  |  | 0                                       |  |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .   | a   |  |  |   |  |  |
|   |  | b   | Less cost of goods sold . . . . .                      |  |   |  |  |
|   |  | c   | Net income or (loss) from sales of inventory . . . . . |  | 0                                       |  |  |
| Miscellaneous Revenue   |  | Business Code   |  |  |   |  |  |
| 11a   |  |   |  |  |   |  |  |
| b   |  |   |  |  |   |  |  |
| c   |  |   |  |  |   |  |  |
| d   | All other revenue . . . . .  |   |  |  |   |  |  |
| e   | <b>Total.</b> Add lines 11a-11d . . . . .  |   | 0  |  |   |  |  |
| 12  | <b>Total revenue.</b> See instructions . . . . .   |   | 354,137  | 153,649  |   | 137  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .  | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .   | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 0.                    |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 115,408.              | 115,408.                        |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 41,527.               | 41,527.                         |  |                             |
| 10 Payroll taxes . . . . .   | 8,236.                | 8,236.                          |  |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management . . . . .   | 40,120.               |                                 | 40,120.                                |                             |
| b Legal . . . . .  | 0.                    |                                 |  |                             |
| c Accounting . . . . .   | 8,526.                |                                 | 8,526.                                 |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17.  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) <b>ATCH 2</b>   | 60,013.               | 60,013.                         |  |                             |
| 12 Advertising and promotion . . . . .   | 1.                    | 1.                              |  |                             |
| 13 Office expenses . . . . .   | 4,070.                | 4,070.                          |  |                             |
| 14 Information technology . . . . .  | 0.                    |                                 |  |                             |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 28,353.               | 28,353.                         |  |                             |
| 17 Travel . . . . .  | 0.                    |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 238.                  | 238.                            |  |                             |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 102,495.              | 102,495.                        |  |                             |
| 23 Insurance . . . . .   | 3,280.                | 3,280.                          |  |                             |
| 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)   |                       |                                 |  |                             |
| a <b>OTHER ADMINISTRATIVE EXPENSE</b>  | 9,497.                | 9,497.                          |  |                             |
| b <b>REPAIR &amp; MAINTENANCE</b>  | 10,379.               | 10,379.                         |  |                             |
| c <b>BAD DEBTS</b>   | 338.                  | 338.                            |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| 25 <b>Total functional expenses</b> Add lines 1 through 24e  | 432,481.              | 383,835.                        | 48,646.                                |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| Assets   | 1 Cash - non-interest-bearing  | 53,107.                  | 1          | 73,783.            |
|  | 2 Savings and temporary cash investments   | 176,669.                 | 2          | 187,368.           |
|  | 3 Pledges and grants receivable, net   | 0.                       | 3          | 0.                 |
|  | 4 Accounts receivable, net   | 555.                     | 4          | 555.               |
|  | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L  | 0.                       | 5          | 0.                 |
|  | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0.                       | 6          | 0.                 |
|  | 7 Notes and loans receivable, net  | 0.                       | 7          | 0.                 |
|  | 8 Inventories for sale or use  | 0.                       | 8          | 0.                 |
|  | 9 Prepaid expenses and deferred charges  | 1,472.                   | 9          | 413.               |
|  | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a 3,652,206.           |            |                    |
|  | b Less accumulated depreciation  | 10b 2,024,857.           |            |                    |
|  |  | 1,718,395.               | 10c        | 1,627,349.         |
|  | 11 Investments - publicly traded securities  | 0.                       | 11         | 0.                 |
|  | 12 Investments - other securities See Part IV, line 11   | 0.                       | 12         | 0.                 |
|  | 13 Investments - program-related See Part IV, line 11  | 0.                       | 13         | 0.                 |
|  | 14 Intangible assets   | 0.                       | 14         | 0.                 |
| 15 Other assets See Part IV, line 11                         | 0.   | 15                       | 0.         |                    |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,950,198.   | 16                       | 1,889,468. |                    |
| Liabilities  | 17 Accounts payable and accrued expenses   | 67,529.                  | 17         | 85,384.            |
|  | 18 Grants payable  | 0.                       | 18         | 0.                 |
|  | 19 Deferred revenue  | 0.                       | 19         | 0.                 |
|  | 20 Tax-exempt bond liabilities   | 0.                       | 20         | 0.                 |
|  | 21 Escrow or custodial account liability Complete Part IV of Schedule D  | 0.                       | 21         | 0.                 |
|  | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   | 0.                       | 22         | 0.                 |
|  | 23 Secured mortgages and notes payable to unrelated third parties  | 0.                       | 23         | 0.                 |
|  | 24 Unsecured notes and loans payable to unrelated third parties  | 0.                       | 24         | 0.                 |
|  | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  | 71,440.                  | 25         | 71,199.            |
|  | 26 Total liabilities. Add lines 17 through 25  | 138,969.                 | 26         | 156,583.           |
| Net Assets or Fund Balances                                  | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.  |                          |            |                    |
|  | 27 Unrestricted net assets   | -721,349.                | 27         | -727,465.          |
|  | 28 Temporarily restricted net assets   | 2,532,578.               | 28         | 2,460,350.         |
|  | 29 Permanently restricted net assets   | 0.                       | 29         | 0.                 |
|  | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34  |                          |            |                    |
|  | 30 Capital stock or trust principal, or current funds  |                          | 30         |                    |
|  | 31 Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31         |                    |
|  | 32 Retained earnings, endowment, accumulated income, or other funds  |                          | 32         |                    |
|  | 33 Total net assets or fund balances   | 1,811,229.               | 33         | 1,732,885.         |
| 34 Total liabilities and net assets/fund balances            | 1,950,198.   | 34                       | 1,889,468. |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 354,137.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 432,481.   |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | -78,344.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                     | <b>4</b>  | 1,811,229. |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  | 0.         |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  | 0.         |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  | 0.         |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  | 0.         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 1,732,885. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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 Schedule O   | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   | X   |    |
| <b>b</b> 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  | X   |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
CALAIS HOUSE, INC.

Employer identification number  
72-1238291

**Part I 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).
- 4  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 \_\_\_\_\_
- 5  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)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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)
- 9  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 33 1/3 % 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 33 1/3 % 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)
- 11  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
  - a  **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.
  - 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.
  - 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.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations. . . . .
  - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2017

JSA  
7E1210 1 000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, and a checkbox column. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 204,769  | 205,284  | 201,138  | 194,878  | 200,351  | 1,006,420 |
| 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 . . . . . | 147,002  | 151,046  | 157,485  | 163,333  | 153,649  | 772,515   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          | 0         |
| 6 Total. Add lines 1 through 5 . . . . .   | 351,771  | 356,330  | 358,623  | 358,211  | 354,000  | 1,778,935 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          | 0         |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          | 0         |
| c Add lines 7a and 7b. . . . .   |          |          |          |          |          | 0         |
| 8 Public support. (Subtract line 7c from line 6) . . . . .   |          |          |          |          |          | 1,778,935 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6. . . . .  | 351,771  | 356,330  | 358,623  | 358,211  | 354,000  | 1,778,935                |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 99       | 142      | 133      | 122      | 137      | 633                      |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          | 0                        |
| c Add lines 10a and 10b . . . . .   | 99       | 142      | 133      | 122      | 137      | 633                      |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .   |          |          |          |          |          | 0                        |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .  |          |          |          |          |          |                          |
| 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .  | 351,870  | 356,472  | 358,756  | 358,333  | 354,137  | 1,779,568                |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . . | 15 | 99.96 % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15. . . . .                      | 16 | 99.97 % |

**Section D. Computation of Investment Income Percentage**

|  |    |       |
|--|----|-------|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | .04 % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .                        | 18 | .03 % |

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <b>Part VI</b> when and how the organization made the determination.  | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <b>Part VI</b> , 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). | <input type="checkbox"/> | <input type="checkbox"/> |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 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 <b>Part VI</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <b>Part VI</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <b>Part VI</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)   | <input type="checkbox"/> | <input type="checkbox"/> |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 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 income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations Answer (a) and (b) below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| 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                                | <b>Adjusted Net Income</b> (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                                | <b>Minimum Asset Amount</b> (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              |                             |
| 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                             |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)                                 |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4                         | Amounts paid to acquire exempt-use assets  |              |
| 5                         | Qualified set-aside amounts (prior IRS approval required)  |              |
| 6                         | Other distributions (describe in Part VI) See instructions   |              |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6   |              |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9                         | Distributable amount for 2017 from Section C, line 6   |              |
| 10                        | Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2017   |                             |  |   |
| a   |   |                             |  |   |
| b   | From 2013 . . . . .   |                             |  |   |
| c   | From 2014 . . . . .   |                             |  |   |
| d   | From 2015 . . . . .   |                             |  |   |
| e   | From 2016 . . . . .   |                             |  |   |
| f   | <b>Total</b> of lines 3a through e  |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2017 distributable amount  |                             |  |   |
| i   | Carryover from 2012 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f  |                             |  |   |
| 4   | Distributions for 2017 from Section D, line 7 \$  |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2017 distributable amount  |                             |  |   |
| c   | Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2018</b> Add lines 3j and 4c   |                             |  |   |
| 8   | Breakdown of line 7   |                             |  |   |
| a   | Excess from 2013 . . . .  |                             |  |   |
| b   | Excess from 2014 . . . .  |                             |  |   |
| c   | Excess from 2015 . . . .  |                             |  |   |
| d   | Excess from 2016 . . . .  |                             |  |   |
| e   | Excess from 2017 . . . .  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2017

**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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

CALAIS HOUSE, INC.

Employer identification number

72-1238291

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9; or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a-1g Balance and expenditure items; 2a-2c Endowment percentages; 3a-3b Endowment fund status; 4 Describe intended uses.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives . . . . .                                      |                |   |
| (2) Closely-held equity interests . . . . .                              |                |   |
| (3) Other _____  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) TENANT DEPOSITS HELD IN TRUST  | 18,200.        |
| (3) MISC. LONG-TERM LIABILITIES  | 52,999.        |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 71,199.        |

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





**Part XIII** Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D

THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. NO RESERVES FOR UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CALAIS HOUSE, INC.

Employer identification number

72-1238291

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> | X   |    |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (E)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| KAREN ALLEN        |  |                                     |                                     |  |                         |                                 |   |
| 1 PRESIDENT        | (i) 0.   | (ii) 0.                             | (iii) 0.                            | 49,550.  | 23,520.                 | 342,693.                        |   |
| DR. LEO BLAIZE III |  |                                     |                                     |  |                         |                                 |   |
| 2 BOARD MEMBER     | (i) 0.   | (ii) 25,137.                        | (iii) 732.                          | 0.   | 18,221.                 | 352,444.                        |   |
| JEFFERY LIMBOCKER  |  |                                     |                                     |  |                         |                                 |   |
| 3 CFO              | (i) 0.   | (ii) 110,390.                       | (iii) 14,575.                       | 107,606.                                       | 24,017.                 | 683,952.                        |   |
| 4                  |  |                                     |                                     |  |                         |                                 |   |
| 5                  |  |                                     |                                     |  |                         |                                 |   |
| 6                  |  |                                     |                                     |  |                         |                                 |   |
| 7                  |  |                                     |                                     |  |                         |                                 |   |
| 8                  |  |                                     |                                     |  |                         |                                 |   |
| 9                  |  |                                     |                                     |  |                         |                                 |   |
| 10                 |  |                                     |                                     |  |                         |                                 |   |
| 11                 |  |                                     |                                     |  |                         |                                 |   |
| 12                 |  |                                     |                                     |  |                         |                                 |   |
| 13                 |  |                                     |                                     |  |                         |                                 |   |
| 14                 |  |                                     |                                     |  |                         |                                 |   |
| 15                 |  |                                     |                                     |  |                         |                                 |   |
| 16                 |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, QUESTION 3**

THE PRESIDENT IS PAID BY FMOL HEALTH SYSTEM, A RELATED TAX EXEMPT ORGANIZATION. THE FMOLHS BOARD OF DIRECTORS DESIGNATES A COMPENSATION COMMITTEE, MADE UP OF INDEPENDENT BOARD MEMBERS, TO REVIEW AND SET THE PRESIDENT'S COMPENSATION ANNUALLY. THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING A COMPENSATION STUDY/SURVEY FROM AN INDEPENDENT COMPENSATION CONSULTANT. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE BASIS FOR DETERMINATION IS THEN DOCUMENTED BY THE COMPENSATION COMMITTEE.

**PART I, QUESTION 4B**

FMOLHS MAINTAINS THREE UNFUNDED DEFERRED COMPENSATION PLANS WHICH MEET THE REQUIREMENTS OF IRC SECTION 457 (F) AND IRC SECTION 409A. THE PLANS PROVIDE FOR COMPENSATION TO BE DEFERRED AND PAID UPON THE OCCURRENCE OF CERTAIN EVENTS SUCH AS TERMINATION WITHOUT CAUSE, DISABILITY, DEATH OR ATTAINMENT OF A SPECIFIC PAYMENT DATE. PARTICIPATION IN THE PLANS IS LIMITED TO CERTAIN EXECUTIVES AND IS SUBJECT TO APPROVAL OF FMOLHS BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF SUCH BOARD. NO ONE LISTED ON

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART VII, SECTION A RECEIVED A PAYMENT FROM THE PLANS IN THE CURRENT YEAR.

PART I, QUESTION 4A

THE PRESIDENT AND THE CFO ARE ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR A TERMINATION OF EMPLOYMENT WITHOUT CAUSE, FOR GOOD REASON, OR DUE TO CHANGE OF CONTROL. IF TRIGGERED, THE EMPLOYEE WOULD BE PAID HIS/HER BASE SALARY AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD IS 12 MONTHS. NO PAYMENTS WERE MADE UNDER THE PLAN IN THE CURRENT YEAR.

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

CALAIS HOUSE, INC.

Employer identification number

72-1238291

FORM 990, PART VI, SECTION A. QUESTION 6

OUR LADY OF THE LAKE HOSPITAL, INC. (AN IRC SECTION 501(C)(3) ORGANIZATION) IS THE SOLE MEMBER OF CALAIS HOUSE, INC.

FORM 990, PART VI, SECTION A. QUESTION 7A

OUR LADY OF THE LAKE HOSPITAL, INC., AS THE SOLE MEMBER OF CALAIS HOUSE, INC., RETAINS THE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF CALAIS HOUSE, INC.

FORM 990, PART VI, SECTION B, QUESTION 12C

CALAIS HOUSE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT REQUIRES EACH OFFICER, TRUSTEE, BOARD COMMITTEE MEMBER AND EMPLOYEE TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. COMPLETED DISCLOSURE FORMS ARE REVIEWED AND MAINTAINED BY THE CHIEF COMPLIANCE OFFICER. IF ANY TRUSTEE, BOARD COMMITTEE MEMBER OR SENIOR MANAGER HAS A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES WHETHER ACTION NEEDS TO BE TAKEN AND COMMUNICATES ANY SUCH ACTION TO THE INDIVIDUAL. A POTENTIAL CONFLICT OF ANY OTHER EMPLOYEE IS REVIEWED BY THE CEO OR HIS DESIGNEE. THE EXECUTIVE COMMITTEE, CEO OR DESIGNEE, AS APPLICABLE, DETERMINES IF A CONFLICT OF INTEREST EXISTS OR CREATES THE APPEARANCE OF IMPROPRIETY. IF SUCH A DETERMINATION IS MADE, THE INDIVIDUAL WILL BE EXCUSED FROM PARTICIPATING IN THE BUSINESS DECISION. DURING THE YEAR, ANY CHANGE TO THE INFORMATION IN THE DISCLOSURE STATEMENT MUST BE DISCLOSED PROMPTLY TO THE CHIEF COMPLIANCE OFFICER, WHO

|  |  |
|--|--|
| Name of the organization<br>CALAIS HOUSE, INC. | Employer identification number<br>72-1238291 |
|--|--|

TAKES APPROPRIATE ACTION. THE PROCESS ALSO REQUIRES AFFIRMATION FROM EACH INDIVIDUAL THAT HE OR SHE (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THAT CALAIS HOUSE IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN ADDITION TO THE ABOVE, CALAIS HOUSE PROVIDES MECHANISMS FOR CONFIDENTIAL REPORTING OF COMPLIANCE ISSUES. THESE MECHANISMS INCLUDE AN ANONYMOUS HOTLINE AND WEB SITE WHERE INDIVIDUALS MAY RAISE ISSUES, SEEK CLARIFICATION, AND REPORT POSSIBLE CONFLICTS OF INTEREST OR OTHER CONCERNS. THESE REPORTS OF POSSIBLE CONFLICTS OF INTEREST ARE REVIEWED AND INVESTIGATED BY THE CORPORATE COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION IS TAKEN.

FORM 990, PART VI, SECTION C, QUESTION 19  
CALAIS HOUSE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION B, QUESTION 15A & 15B  
OTHER RELATED TAX EXEMPT ORGANIZATIONS SET THE COMPENSATION AND PAY THE EXECUTIVES. THAT BOARD OF DIRECTORS DESIGNATES THE COMPENSATION COMMITTEE, MADE UP OF INDEPENDENT BOARD MEMBERS, TO REVIEW AND SET THE COMPENSATION ANNUALLY OF EXECUTIVES. THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING INDUSTRY-WIDE COMPENSATION INFORMATION PROVIDED BY OUTSIDE SOURCES. THE COMPENSATION COMMITTEE

|  |  |
|--|--|
| Name of the organization<br>CALAIS HOUSE, INC. | Employer identification number<br>72-1238291 |
|--|--|

REVIEWS COMPENSATION PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE BASIS FOR DETERMINATION IS THEN DOCUMENTED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION A QUESTION 11A.

AFTER PREPARATION OF THE FORM 990 BY KPMG LLP, MANAGEMENT REVIEWED THE FORM 990. A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION A, QUESTION 7B

OUR LADY OF THE LAKE HOSPITAL, INC., AS THE SOLE MEMBER OF CALAIS HOUSE CAN MAKE THE DECISIONS AS FOLLOWS:

1. TO CHANGE PHILOSOPHY, OBJECTIVES, PURPOSES OF CORPORATION
2. TO AMEND, ALTER, MODIFY OR REPEAL ARTICLES OF INCORPORATION AND BYLAWS OF CORPORATION
3. TO AUTHORIZE MERGER, CONSOLIDATION OR AFFILIATION, OR PARTICIPATE IN JOINT VENTURES
4. TO DISSOLVE AND DISTRIBUTE ASSETS OF THE CORPORATION
5. TO APPOINT AND/OR TERMINATE WITH OR WITHOUT CAUSE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION
6. TO ACQUIRE, PURCHASE, SELL, LEASE, TRANSFER, OR ENCUMBER ANY IMMOVABLE PROPERTY ON BEHALF OF CORPORATION
7. TO ADD TO OR INCUR LONG-TERM DEBT IN EXCESS OF \$5 MILLION BY THE CORPORATION
8. TO APPOINT THE FISCAL AUDITOR OF CORPORATION
9. TO APPROVE ANY INCREMENT OR ADDITION TO THE CAPITAL DEBT OR EFFORTS



|  |  |
|--|--|
| Name of the organization<br>CALAIS HOUSE, INC. | Employer identification number<br>72-1238291 |
|--|--|

TO RENEGOTIATE, MODIFY OR CHANGE THE EXISTING CAPITAL DEBT OBLIGATIONS OF THE CORPORATION

10. TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION

11. TO APPROVE A STRATEGIC BUSINESS PLAN OF CORPORATION.

12. TO APPOINT OR REMOVE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, QUESTIONS 12-14

THROUGHOUT THE TAX YEAR, THE ORGANIZATION HAD A CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION POLICY, AND A WHISTLEBLOWER POLICY IN PLACE ALTHOUGH THEY WERE NOT APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE JUNE 30, 2018. THE CONFLICT OF INTEREST POLICY AND THE DOCUMENT RETENTION POLICY HAVE, HOWEVER, BEEN APPROVED BY THE BOARD OF DIRECTORS OF OUR LADY OF THE LAKE HOSPITAL, INC. (THE ORGANIZATION'S SOLE-MEMBER).

SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION

CALAIS HOUSE HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F) OF THE TREASURY REGULATIONS, EFFECTIVE ONLY FOR THE TAX YEAR ENDING JUNE 30, 2018. TAXPAYER HAS AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(II).

|  |  |
|--|--|
| Name of the organization<br>CALAIS HOUSE, INC. | Employer identification number<br>72-1238291 |
|--|--|

## SECTION 1.263 (A) -3 (N) - BOOK CONFORMITY ELECTION

CALAIS HOUSE IS MAKING THE ELECTION UNDER TREAS. REG. SECTION

1.263 (A) -3 (N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT

TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR

ENDED JUNE 30, 2018.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

## ATTACHMENT 1

OF THE ROMAN CATHOLIC CHURCH, WE EXTEND THE HEALING MINISTRY OF JESUS CHRIST TO GOD'S PEOPLE, ESPECIALLY THOSE MOST IN NEED. WE CALL FORTH ALL WHO SERVE IN THIS HEALTHCARE MINISTRY, TO SHARE THEIR GIFTS AND TALENTS TO CREATE A SPIRIT OF HEALING - WITH REVERENCE AND LOVE FOR ALL OF LIFE, WITH JOYFULNESS OF SPIRIT, AND WITH HUMILITY AND JUSTICE FOR ALL THOSE ENTRUSTED TO OUR CARE. WE ARE, WITH GOD'S HELP, A HEALING AND SPIRITUAL PRESENCE FOR EACH OTHER AND FOR THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

| <u>DESCRIPTION</u>        | (A)<br><u>TOTAL FEES</u> | (B)<br><u>PROGRAM SERVICE EXP.</u> | (C)<br><u>MANAGEMENT AND GENERAL</u> | (D)<br><u>FUNDRAISING EXPENSES</u> |
|---------------------------|--------------------------|------------------------------------|--------------------------------------|------------------------------------|
| CONTRACTS                 | 24,663.                  | 24,663.                            |                                      |                                    |
| SECURITY PAYROLL/CONTRACT | 32,221.                  | 32,221.                            |                                      |                                    |
| GARBAGE AND TRASH REMOVAL | 3,129.                   | 3,129.                             |                                      |                                    |
| TOTALS                    | <u>60,013.</u>           | <u>60,013.</u>                     |                                      |                                    |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

CALAIS HOUSE, INC.

Employer identification number

72-1238291

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

|     | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**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

|     | (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |   |                         |  |                            |   |                                  | Yes  | No |
| (1) | HEALTH CARE CENTERS IN SCHOOLS<br>5000 HENNESSY BLVD<br>BATON ROUGE, LA 70808<br>72-1443935 | HEALTHCARE              | LA   | 501 (C) (3)                | 7   | OLOL                             | X  |    |
| (2) | ST FRANCIS AMBULATORY SERVICES<br>PO BOX 1901<br>MONROE, LA 70809<br>72-1206096             | HEALTHCARE              | LA   | 501 (C) (3)                | 3   | SFMC                             | X  |    |
| (3) | ST BERNARD HEALTH FUND<br>4200 ESSEN LANE<br>BATON ROUGE, LA 70809<br>20-46685614           | HEALTHCARE              | LA   | 501 (C) (3)                | 11 TYPE 1   | FMOL                             |  | X  |
| (4) |   |                         |  |                            |   |                                  |  |    |
| (5) |   |                         |  |                            |   |                                  |  |    |
| (6) |   |                         |  |                            |   |                                  |  |    |
| (7) |   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2017

**Part III 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

| (a)<br>Name, address, and EIN of related organization             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportioned allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                 | No |  | Yes                                 | No |                             |
| (1) HEART HOSPITAL OF ACADIANA 30-1105 KALISTE SALOOM ROAD LAFAYE | HEALTHCARE              | LA   | LOURDES                          | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |
| (2) PERKINS PLAZA IMAGING DEVELOPM 5000 HENNESSY BOULEVARD BATON  | REAL ESTATE             | LA   | OLOL                             | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |
| (3) P&S SURGERY CENTER LLC 72-1387 312 GRAMONT STREET MONROE, LA  | HEALTHCARE              | LA   | SFMC                             | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |
| (4) LOURDES IMAGING DEVELOPMENT LL 4801 AMBASSADOR CAFFERY LAFAYE | REAL ESTATE             | LA   | LOURDES                          | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |
| (5) PARK PLACE SURGICAL HOSPITAL 7 4811 AMBASSADOR CAFFERY PKWY L | HEALTHCARE              | LA   | LOURDES                          | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |
| (6) BRPT LAKE REHABILITATION CENTE 5222 BRITTANY DR BATON ROUGE,  | HEALTHCARE              | LA   | OLOL                             | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |
| (7) CONVENIENT CARE LLC 72-1439481 10319 JEFFERSON HIGHWAY BATON  | HEALTHCARE              | LA   | OLOL                             | N/A  |                              |                                    |                                     |    |  |                                     |    |                             |

**Part IV 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

| (a)<br>Name, address, and EIN of related organization                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) HOSPITAL ASSISTANCE SERVICES 72-1073486 P O BOX 4027-C LAFAYETTE, LA 70502 | HEALTHCARE              | LA   | LOURDES                          | C CORP   |                              |                                    |                             |  |    |
| (2) LOUISE INSURANCE COMPANY P O BOX 1051, CJ KY1-1102                         | INSURANCE               | CJ   | FMOL                             | C CORP   |                              |                                    |                             |  |    |
| (3) FRANCISCAN HEALTH & WELLNESS 4200 ESSEN LANE BATON ROUGE, LA 70809         | INVESTMENT              | LA   | FMOL                             | C CORP   |                              |                                    |                             |  |    |
| (4) FMOL HEALTH SYSTEM HOLDINGS, INC 4200 ESSEN LANE BATON ROUGE, LA 70809     | INVESTMENT              | LA   | FMOL                             | C CORP   |                              |                                    |                             |  |    |
| (5) ST FRANCIS INSURANCE AGENCY 309 JACKSON STREET MONROE, LA 71201            | INSURANCE               | LA   | SFMC                             | C CORP   |                              |                                    |                             |  |    |
| (6) MONROE HEALTH SERVICES PO BOX 3187 MONROE, LA 71210                        | HEALTHCARE              | LA   | AMBULATORY                       | C CORP   |                              |                                    |                             |  |    |
| (7) NORTHEAST LA HEALTH NETWORK 4200 ESSEN LANE BATON ROUGE, LA 70809          | HEALTHCARE              | LA   | AMBULATORY                       | C CORP   |                              |                                    |                             |  |    |

**Part III 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

| (a)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) SURGICAL SPECIALTY CENTER OF B<br>8080 BIDEONNET BLVD BATON RO   | HEALTHCARE              | LA   | OLOL                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) ST ELIZABETH-MARY BIRD PERKIN<br>4950 ESSEN LANE BATON ROUGE, L  | HEALTHCARE              | LA   | STEH                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) ST MARY'S IMAGING CENTER II,<br>4801 AMBASSADOR CAFFERY LAFAYE   | HEALTHCARE              | LA   | LOURDES IMAGING                  | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) NORTHEAST LA CANCER INSTITUTE<br>411 CALYPSO ST MONROE, LA 7120  | HEALTHCARE              | LA   | SPMC                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) LHCG-XIII, LLC 20-8068308<br>901 S HUGH WALLIS RD LAFAYETT       | HEALTHCARE              | LA   | LOURDES                          | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) LOURDES AFTER HOURS, LLC 20-13<br>7777 HENNESSY BLVD , SUITE 100 | HEALTHCARE              | LA   | LOURDES                          | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) LAKE URGENT CARE ASCENSION, LL<br>10319 JEFFERSON HIGHWAY BATON  | HEALTHCARE              | LA   | STEH                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV 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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part III 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.

| (a)<br>Name, address, and EIN of related organization                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) LAKE URGENT CARE ASCENSION, LL<br>10319 JEFFERSON HIGHWAY BATON  | HEALTHCARE              | LA   | OLOL                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) OLOL/USP SURGERY CENTER, LLC 3<br>15305 DALLAS PKWY, STE 1600 LB | HEALTHCARE              | TX   | OLOL                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) ST FRANCIS URGENT CARE LLC 47<br>10319 JEFFERSON HIGHWAY BATON   | HEALTHCARE              | LA   | SFMC                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) GAMMA KNIFE OF LOUISIANA, LLC<br>4950 ESSEN LANE BATON ROUGE, L  | HEALTHCARE              | LA   | OLOL                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) LHCG LXVII, LLC 72-0423635<br>901 S HUGH WALLIS RD LAFAYETT      | HEALTHCARE              | LA   | LOURDES                          | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) PREMIER HEALTH HOLDINGS, LLC 4<br>10319 JEFFERSON HIGHWAY BATON  | HEALTHCARE              | LA   | OLOL                             | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) PINNACLE CARE HOLDINGS, LLC 72<br>5627 S SHERWOOD FOREST BLVD BA | HEALTHCARE              | LA   | LOURDES                          | N/A  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV 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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |    | (i)<br>Section 512(b)(13) controlled entity? |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|----|--|
|   |                         |  |                                  |  |                              |                                    | Yes                         | No |  |
| (1)   |                         |  |                                  |  |                              |                                    |                             |    | Yes No                                       |
| (2)   |                         |  |                                  |  |                              |                                    |                             |    |  |
| (3)   |                         |  |                                  |  |                              |                                    |                             |    |  |
| (4)   |                         |  |                                  |  |                              |                                    |                             |    |  |
| (5)   |                         |  |                                  |  |                              |                                    |                             |    |  |
| (6)   |                         |  |                                  |  |                              |                                    |                             |    |  |
| (7)   |                         |  |                                  |  |                              |                                    |                             |    |  |

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

| (1)  | (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|------|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|      |   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)  |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) |   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |     | X  |
| b Gift, grant, or capital contribution to related organization(s)                                 |     | X  |
| c Gift, grant, or capital contribution from related organization(s)                               |     | X  |
| d Loans or loan guarantees to or for related organization(s)                                      |     | X  |
| e Loans or loan guarantees by related organization(s)   |     | X  |
| f Dividends from related organization(s)  |     | X  |
| g Sale of assets to related organization(s)   |     | X  |
| h Purchase of assets from related organization(s)   |     | X  |
| i Exchange of assets with related organization(s)   |     | X  |
| j Lease of facilities, equipment, or other assets to related organization(s)                      |     | X  |
| k Lease of facilities, equipment, or other assets from related organization(s)                    |     | X  |
| l Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| m Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| o Sharing of paid employees with related organization(s)  |     | X  |
| p Reimbursement paid to related organization(s) for expenses                                      |     | X  |
| q Reimbursement paid by related organization(s) for expenses                                      |     | X  |
| r Other transfer of cash or property to related organization(s)                                   |     | X  |
| s Other transfer of cash or property from related organization(s)                                 |     | X  |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.