_	990
Form	330

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Inter	ntal Revenue	Service	➤ Go to www.irs.	gov/Form990 for instru	ictions and th	ne latest inf	ormation.		Inspection	1
A	For the 2	017 cale	ndar year, or tax year beginnin	g January 1	, 2017, a	and ending	Dece	nber 31	, 20 17	
В	Check if ap	plicable.	C Name of organization Successfu	ıl Living Center				D Employe	er identification numb	er
$\overline{}$	Address ch		Doing business as					Ī	72-1523528	
	Name char	Ť	Number and street (or P.O box if r	mail is not delivered to strei	et address)	Room/suite		E Telephor		
$\bar{\Box}$	Initial return	•	1902 Bullard St.						334-264-1790	
$\bar{\sqcap}$	Final return/		City or town, state or province, cou	intry, and ZIP or foreign po	stal code	<u> </u>				
ñ	Amended r		Montgomery, AL 36106	,				G Gross re	cepts \$	
$\overline{\Box}$	Application	7	F Name and address of principal office	cer'			Hin) is this a c		subordinates? Yes	l No
	Application	Portuning		- - -		9			included? Vos	_
	Tay avame		✓ 501(c)(3)	() ◀ (Insert no.) [14047(0)(1) 05	527			list. (see instructions)	
'- -	Tax-exemp		<u> </u>	(Insert no.)	1 4947(B)(1) Or	<u> </u>	₹	exemption		
<u></u>			Corporation Trust Associ	lation ☐ Other ►	1 I Vac	ar of formation		$\overline{}$		<u> </u>
	art I	Summ		Idition Cities >	1 1 1 1 1 1 1 1	ar of formation	2009	IN State	or regar domicile	<u>AL</u>
				sion or most significa	nt notivetions	To provid	la affarda	blo gualita	u dovinera cominac	
•	}		scribe the organization's mis	-				ole, quality	y daycare services	
ě	e	derly pe	rsons with Alzheimer's and chi	ildren with emphasis o	n those with	special nee	45.			
r a					;					
Activities & Governance	1		s box ▶ ☐ if the organization			sposea or	more thai	1 - 1	its net assets.	
₹	1		of voting members of the gov					3		4
	1		of independent voting member		•	-				0
ž	1		ber of individuals employed	_	7 (Part V, line	e 2a) .		5		4
<u>.</u> '₹			ber of volunteers (estimate it					6		11
			elated business revenue from			-i · ·		7a		0
<u> </u>	b N	let unrel	ated business taxable incom-	e from Form 990-7 Lu				. 7b		0
2				 	13		Pnor Y	ear	Current Year	
-	8 C	ontribut	ions and grants (Part VIII, line	≘ 1h N/AUG.24) 2018 · 3	Ğ .		197334		66738
Revenue	9 P	rogram	service revenue (Part VIII, line	e 2g ເມື່	}	<u>ي</u> ا . لــِ		20059		5231
Š	10 Ir	rvestme	nt income (Part VIII, column (A), Ines 3:4; and 7d)	والمتحصين	≐≬ .		0		
<u> </u>	11 C	ther rev	enue (Part VIII, column (A), lir	nes 6 6d 8d 9c 10e	and 11e) .	4 - [0		
_	12 T	otal reve	nue-add lines 8 through 11	(must equal Part VIII, o	column (A), li	ne 12)		217393		71969
	,		id similar amounts paid (Part					0		
	14 B	lenefits (paid to or for members (Part I	IX, column (A), line 4)		[°		
v)		-	other compensation, employee			5-10)		95209		70638
Expenses	1		nal fundraising fees (Part IX,					100		0
ē	1		draising expenses (Part IX, co	•		<u> </u>				
ũ			penses (Part IX, column (A), li		e)			46871		33569
			enses. Add lines 13-17 (mus			5)		142180	1	104207
	L		less expenses. Subtract line			". [-		75213		32238)
÷ 25					<u>-</u> -	Be	ginning of C		End of Year	
Net Assets or Fund Balances	20 T	otal ass	ets (Part X, line 16)			-		177532	1	140852
Ass	21 T		Ilities (Part X, line 26)			· ·		72409		67967
2,5	22 N		s or fund balances. Subtract	line 21 from line 20		· · -		105123		72885
	art ii		ure Block	Into 21 Hom into 20		<u> </u>		103123		72000
			ry, I dealare that I have examined this	rotum uncluding secomp	anana sebadula	s and stateme	ents and to	the best of r	my knowledge, and be	liof it is
			ete. Declaration of preparer (other that							1101, 11 12
			lune Hill	h			Т	4/12/	18	
Sig	מר	Stone	ature of officer	- ye			L	ate		
He) O.g	Maximic M. K.	243						
		Type	or print name and title	rille						
		<u>, </u>	oe preparer's name	Preparer's signature		Date	 _		PTIN	
Pa	id		so property difficulty	. roperor s orginature		Date		Check	∐	
Pr	eparer							self-em	proyeci	
Us	e Only					·		m's ElN ▶		
	- 150		ddress ►				Ph	one no		
			s this return with the preparer		instructions)		<u> </u>	<u> </u>	Yes	No_
For	Dananka	rk Dadiu	ction Act Notice, see the senar	ate instructions		Cat No	11292V.		Form 99 0	J (2017

OHIII BO	ו טבן טו	17)	rage
Part	Ш	Statement of Program Service Accomplishments	
	D-4-4	Check if Schedule O contains a response or note to any line i	n this Part III
1		efly describe the organization's mission:	late d demonstrate and compression mande shilldness in an
٠		mission is to serve adults 55 years and older with Alzheimer's and relusive learning environment.	
	inciu	usive learning environment.	
2	Did 1	the organization undertake any significant program services durin	ig the year which were not listed on the
		or Form 990 or 990-EZ?	
	lf "Y	Yes," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant change	
		vices?	· · · · · · · · · · · · □ Yes ☑ No
		Yes," describe these changes on Schedule O.	
4	ехре	scribe the organization's program service accomplishments for eapenses. Section 501(c)(3) and 501(c)(4) organizations are required total expenses, and revenue, if any, for each program service reports.	to report the amount of grants and allocations to others
4a	(Cor	de: 624110) (Expenses \$ including grants of \$) (Revenue S
70			
41-	10-	\/\(\tau_{	\ (D
4b	(Coc	de:) (Expenses \$ including grants of \$	
			*
			·
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4c	(Cod	de:) (Expenses \$ including grants of \$	) (Revenue \$)
		·	***************************************
4d		ner program services (Describe in Schedule O.)	
			Revenue \$ )
<b>4e</b>	Lota	al program service expenses	

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

Part	Checklist of Required Schedules (continued)			age 4
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
, b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<b>✓</b>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del></del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J	23		✓
24a	and the second s			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	]		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		✓_
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		·	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			1
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del>                                     </del>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>/</b>
٠.	Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<u> </u>
	complete Schedule N, Part II	32	L	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
<b>0</b> -4	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			,
37	related organization? If "Yes," complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<u> </u>	<b>✓</b>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	000	<u>                                     </u>
		Forr	n 99(	(2017)

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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			П
	`		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	<b>'</b>	
	reportable gaming (gambling) winnings to prize winners?	1c	l	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			١
	Statements, filed for the calendar year ending with or within the year covered by this return   2a	Į.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		, —	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ì	1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			}
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ļ		
	(FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	L	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	İ	l	ļ
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).	ł		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		<b>✓</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ.—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Ì	1	1
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	┨╻	l	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	<del> </del> -	-
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	╁	<del>}</del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>  ""</del>	<del> </del>	├
U	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	-	<del> </del>	├
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	<u> </u>
10	Section 501(c)(7) organizations. Enter:		<del>                                     </del>	†
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		}
11	Section 501(c)(12) organizations. Enter:	1	1	l l
а	Gross income from members or shareholders	ļ		ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them.)		ļ	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	✓
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u>L_</u>	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Sacti	• Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u>···</u>	
Seçu	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 4			-
	If there are material differences in voting rights among members of the governing body, or			[
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a_		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:		,	
a	The governing body?	8a 8b	✓	1
9	Each committee with authority to act on behalf of the governing body?	OU		-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	İ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?	}		
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			4
17	List the states with which a copy of this Form 990 is required to be filed ► Alabama			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	c)(3)s	only)
	☐ Own website ☐ Another's website ☑ 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 int	erest	polic	y, 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 re Veronica McKenzie	cords	:▶	

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Form	aan	(2017)	

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

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

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

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				•	2)			1		
(A)	(B)	ldo n	at ch	Pos		a than e	ma	(D)	(E)	(F)
Name and Title	Average hours per week (list any	ours per officer and a director/trustee)					an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lovetta Churchill President		<b>√</b>						0	O	
(2) Stephanie Hickerson-Jones	<del>                                     </del>	_		-		<del></del>	-	°		<del> </del>
Secretary		1						0	0	
(3) Sophia Lewis Member	-	1							0	
(4) Isaiah Sankey		1								
Member (5) Veronica McKenzie			-		-			0	0	
Executive Director					✓		_	4171.00		
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

			Position (do not check more than or box, unless person is both officer and a director/truste employee or director or director trustee s or director trustee			one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-Mi	n from amount of other compensation		1			
(15)														
(16)								-						
(17)						-		<u> </u>						
(18)					-			-	<del> </del>					
					_	_					_			
						_				·	_			
											_			
								_						
					_									
(23)														
(24)														
(25)											-			
1b c d	Sub-total	VII, Sectio	n A	·		 	· ·	► N	4171.00 0 4171.00 ho received me		0,000 0	ıf		
	reportable compensation from the organi	zation >			_									T N=
3	Did the organization list any former of										sated		Yes	
4	employee on line 1a? If "Yes," complete to For any individual listed on line 1a, is the organization and related organizations	sum of reg	portal an \$1	ole ( 150,	con 000	npei )? <i>I</i> :	nsatio	n a s,"	nd other comp complete Sch	ensation fro edule J for		3		1
5	individual	or accrue co	mpe	nsat	tion	fro	m any	un un	related organiz	ation or indi	 vidual 	5		1
Section	on B. Independent Contractors					_			<del></del>					
1	Complete this table for your five highest compensation from the organization. Repyear.											nızatio		ax 
	(A) Name and business add	lress							(B) Description of s	ervices	Cc	(C) ompens	ation	
NA														
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who				

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule C	<u> </u>										
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts nts	1a	Federated campaigns	S	1a	0								
Gifts, Grants ilar Amounts	b	Membership dues .		1b	0								
A,	С	Fundraising events .		1c	0								
Gif	d	Related organizations		1d									
Sim.	e	Government grants (con		1e	52663		ľ						
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, g and similar amounts not inc		م ا				,					
of E		Noncash contributions include		1f	14075			:					
P F	9 h	Total. Add lines 1a-1				66738							
	<del></del>	Total / Too lines / a	<u> </u>	<u>· · ·                                  </u>	Business Code	00730							
en.	2a	Adult Daycare Sevices	i		624120	3520	اما						
Ŗ	b	Pre-K			624110	1711							
/Ice	С												
Sen	d												
E S	e												
Program Service Revenue	f	All other program ser				<del> </del>							
	<u>g</u> 3	Total. Add lines 2a-2 Investment income				5231	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>				
	٦	and other similar amo				o							
	4	Income from investmen	•		i								
	5					0							
		Royalties	(i) Real		(ii) Personal			<del>-</del>					
	6a	Gross rents		0	0								
	b	Less. rental expenses		0	0								
	С	Rental income or (loss)	<u></u>	0	0								
	d	Net rental income or	<u></u>		(ii) Other	0	0	0	0				
	7a	Gross amount from sales of assets other than inventory	(i) Secunt	0									
	b	Less cost or other basis	-		U								
	-	and sales expenses .		O	ا								
	С	Gain or (loss)		0	<del> </del>								
	ď	Net gain or (loss) .			▶	0	o	0	0				
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions report.	ed on line 1										
ig E		See Part IV, line 18 .		-									
ō	b	Less: direct expenses Net income or (loss) f				0							
		Gross income from ga			events .								
		See Part IV, line 19 .			o								
	ь	Less: direct expenses											
	С	Net income or (loss) f			ıvitıes ▶	0	0	C	) 0				
	10a	Gross sales of ir returns and allowance			0								
	ь	Less: cost of goods s		_		İ							
	С	Net income or (loss) f			entory ▶	O	0		0				
		Miscellaneous F	Revenue	,	Business Code								
	11a								ļ <u>.</u>				
	b			<b>-</b> -		<u> </u>		ļ					
	C	All alban and an an											
	d	All other revenue .  Total. Add lines 11a-							<del> </del>				
	12	Total revenue. See i				71060	<del>                                     </del>	<del> </del>	<del> </del>				
	1	. 0.001000		· ·		71969	<u></u>	<u> </u>	Form <b>990</b> (2017)				

	90 (2017)	<del></del>		<del></del>	Page 10
	Statement of Functional Expenses	-1-4// 1		<del></del>	
Secuo	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A).
Do no	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,		e in this Part IX .	(c)	<u>L</u>
8b,`9b	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	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	o	0		
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	4172	4172		
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	60324	57687	2637	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
9	Other employee benefits	975	975		
10	Payroll taxes	5167	4903	264	
11	Fees for services (non-employees):				
а	Management	ĺ			
b	Legal				
С	Accounting	960	816	144	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0			
1	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion [	781	769	12	
13	Office expenses	351	134	217	
14	Information technology				
15	Royalties				
16	Occupancy	14174	14174		
17	Travel	2363	2363		<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1400	1400		
20	Interest	1325	1325		_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	904	904		
24	Other expenses, Itemize expenses not covered				
_,	above (List miscellaneous expenses in line 24e. If		ļ		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	į		İ	
а	Program Supplies	10727	10727		
b	Dues and Subscriptions	584	584		
C	· · · · · · · · · · · · · · · · · · ·	304	304		<del></del>
ď					
e	All other expenses				<del></del>
25	All other expenses  Total functional expenses. Add lines 1 through 24e	104207	100933	3374	<del></del>
26 26	Joint costs. Complete this line only if the	104207	100933	3274	
<b>40</b>	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Savings and temporary cash investments . . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. n 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 Assets o o Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 117427 10c Less: accumulated depreciation . . . . -3418 0 11 Investments—publicly traded securities . . . . . 0 12 Investments-other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11. o 0 15 177532 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses . . . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. ol Loans and other payables to current and former officers, directors, iabilities. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 72409 26 Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . Form 990 (2017)

Page	12	2
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On in as	10 (2011)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1			71969
2.	Total expenses (must equal Part IX, column (A), line 25)	2		10	04207
3	Revenue less expenses. Subtract line 2 from line 1	3		-	32237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	05123
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0			72886
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
-				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:				{
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>\</b>	
	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:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		i i		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, explain	ain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				
	the Single Audit Act and OMB Circular A-133?		За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	ıts.	3b		<u> </u>
			Forr	n <b>990</b>	(2017)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

20**17** 

Open to Public Inspection

Name of the organization Employer identification number Center LIVING 2-1523528 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization in EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο NA (B) (C) (D) (E) Total

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	lease comple	te Part III.)	
	on A. Public Support			_ <del></del>			
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants")						
_	include any "unusual grants.")	7433	12047	66840	197334	71969	355623
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	905	12047	66840	197334	71969	355623
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3520
6	Public support. Subtract line 5 from line 4						35-A14 2
Secti	on B. Total Support	<u> </u>				<u> </u>	<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	7433	12047	66840	197334	71969	355623
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		-				
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	. (see instruction	ons)			12	355623
13	First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatior i <b>re</b>	i's first, secon	d, third, fourth	, or fifth tax yo	ear as a section	n 501(c)(3)
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2017 (line					14	90.68 %
15	Public support percentage from 2016 Sci					15	90.17 %
16a	331/s% support test—2017. If the organ box and stop here. The organization qua	lifies as a publ	icly supported	organization			🕨 🗸
b	331/3% support test—2016. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th meets the "fact	e "facts-and-ots-and-circum:	circumstances' stances" test.	" test, check The organizati	this box and a	stop here. a publicly
18	Private foundation. If the organization de						

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked th						idér Part II.
	· If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part I	1.)	<u> </u>
	on A. Public Support		1		1 11 2010	/	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	· · · · · · · · · · · · · · · · · · ·				<del></del>	
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose			<del> </del>	<del></del>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				/		·
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			/		-	
b	Amounts included on lines 2 and 3			/			
•	received from other than disqualified			/			
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year			/	}		
С	Add lines 7a and 7b			j			
8	Public support. (Subtract line 7c from		1	/			
	line 6.)			/	ļ		
Secti	on B. Total Support			/			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/ <b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			/			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		/		ĺ		
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses		/			İ	1
	acquired after June 30, 1975		/				
C	Add lines 10a and 10b		//		<u> </u>		
11	Net income from unrelated business						1
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<b>/</b> /				
	loss from the sale of capital assets	,	Λ				
40	(Explain in Part VI.)				<b></b>		<del> </del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he	re . 🎉 .					<b>&gt;</b> 🗀
Sect	ion C. Computation of Public Support	rt Percentaç	ge				
15	Public support percentage for 2017 (line	8, column (f) d	tivided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sci			<u></u>		16	%
Sect	ion D. Computation of Investment In						
17	Investment income percentage for 2017 (	. //		-			<u>%</u>
18	Investment income percentage from 2010	6 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2017. If the organ	ization did no	t check the bo	x on line 14, a	ınd line 15 is r	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/a% support tests—2016. If the organization	zation did not	check a box on	line 14 or line	19a, and line 1	ь is more than	യാം and ripetion ► 🗀
	line 18 is not more than 331/3%, check this						
20	Private foundation, if the organization d	ia not chack a	a nov on line 14	. านล กา 1นก	CHECK THIS DOY	r and see instri	ICHOUS ►

### 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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 Part VI.
- 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

6

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9a

9b

9¢

10a

10b

Scrieda	36 A (I ONN 880-EZ) 2017		۲	age J
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	(		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		١.	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	, ,		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
00011	on o. Type if cupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[—	163	1,40
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	'		
	the supported organization(s).	_	[	
C4:		1	L	L
Secu	on D. All Type III Supporting Organizations		V	NI-
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		Ì	
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	į i		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}		)
	supported organizations played in this regard.	3		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).
а	☐ The organization satisfied the Activities Test, Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ	l	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			İ
	how the organization was responsive to those supported organizations, and how the organization determined	]	1	}
	that these activities constituted substantially all of its activities.	2a	ļ	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	Į
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			}
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	}
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	}
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		$t^{-}$	<del>                                     </del>
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):		•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporti	ng organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<del></del>		<del></del>
9	Distributable amount for 2017 from Section C, line 6	<del></del>		
10	Line 8 amount divided by line 9 amount		/::\	4::1
S(	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable 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 <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
_d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
j	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 \$			
а	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 <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7.			
a	Excess from 2013 .			
b	Excess from 2014			
С	Excess from 2015		L	
d	Excess from 2016			
е	Excess from 2017	1	_	

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.)
NA	
NA	
	······
	\ 
·	
** <del>**</del> *	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	uccessful Living Center		Employer identification number 72-1523528
Par		vised Funds or Other Similar Fun	
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol? 🗀 Yes 🗌 No
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?		or any other purpose
Part	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
^	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	leid a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
đ	Number of conservation easements included in historic structure listed in the National Register	(c) acquired after 7/25/06, and not	1 1
3	Number of conservation easements modified, trar		
•	tax year ►	isterred, released, extiliguistied, or terr	imated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	egarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's firents.	nancial statements that describes the
Part	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance o
b	If the organization elected, as permitted under sworks of art, historical treasures, or other simila public service, provide the following amounts related	r assets held for public exhibition, ed ting to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of an following amounts required to be reported under s	t, historical treasures, or other similal SFAS 116 (ASC 958) relating to these r	r assets for financial gain, provide th tems:
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		▶ \$ ▶ \$

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a							
	collection items (check all that apply):							
a	☐ Public exhibition		d	Loan	or exchang	je progr	ams	
b	☐ Scholarly research		e i	Other				
C	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections a	ınd expla	in how ti	hey further	the org	anızation's exe	empt purpose in Part
5	During the year, did the organization :							
	assets to be sold to raise funds rather		ined as p	art of the	e organizatı	on's co	llection? .	· 🔲 Yes 🗌 No
Part	IV Escrow and Custodial Arra							
	Complete if the organization	answered "Yes"	' on Fori	m 990, F	Part IV, line	9, or	reported an a	mount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X?							· 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	irt XIII and comple	te the fo	llowing ta	able:	r	<del></del>	Amount
_	Designing belowed					1-	+	Africum
C	Beginning balance					1c	<del></del>	
d	<u> </u>					1d	<del></del>	
e f	Distributions during the year Ending balance					1e		
2a	Did the organization include an amoun					1	<u> </u>	tu2 🗆 Vas 🗆 Na
	If "Yes," explain the arrangement in Pa							
	V Endowment Funds.	are zam. Oneok nere	on the co	фішіапо	i ilas becir	provide	O OIL ALCAIN	· · · ·
	Complete if the organization	answered "Yes"	on For	m 990. F	Part IV. line	e 10.		
		(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses					į		
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance				<u></u>			
2	Provide the estimated percentage of tr	ne current year en	d balanc	e (line 1g	i, column (a	)) held a	as:	
a	Board designated or quasi-endowmen	t ▶	_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	<u></u> %						
0-	The percentages on lines 2a, 2b, and 2							<b>41</b>
3a	Are there endowment funds not in the organization by:	possession of th	e organiz	zation tha	at are neid	and ad	ministered for	
	,							Yes No
	(i) unrelated organizations (ii) related organizations							. 3a(i)
b	If "Yes" on line 3a(ii), are the related or					-		. 3a(ii) . 3b
4	Describe in Part XIII the intended uses							. 50
Part					urido.			
	Complete if the organization		on For	m 990. F	Part IV. line	e 11a. :	See Form 990	D. Part X. line 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book value
		(investme	ent)	(0	ther)	de	epreciation	
1a	Land				4500			4500
Ь	Buildings				45000		0	45000
C	Leasehold improvements				18606		0	18606
d	Equipment		_		52739		3418	49321
ее	Other					L		
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	90, Part )	Column	n (B), line 10	)c.)	▶ }	117427

Part VII	Investments—Other Securities.	and "Vaa" E-	000 O 114	line 1th C F	- 000 Dad V !! 40
	Complete if the organization answer	ered yes on For			
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation: d-of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12 ) ▶				
Part VIII	Investments-Program Related.				
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV,	, line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) M	ethod of valuation d-of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)					
(4)					
_(5)		<del></del>		·	
(6)	<del> </del>				
(7)			<del></del>	<del></del>	<del></del>
(8)					
(9)					
Total. (Column (	b) must equal Form 990, Part X. col (B) line 13.)				
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·	<del>'</del>		<del></del>
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV.	, line 11d. See Forr	n 990, Part X, line 15.
	<del></del>	Description	<del></del>	<del></del>	(b) Book value
(1)					
(2)					T
(3)					
(4)					1
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities. Complete if the organization answer	ered "Yes" on Fo	m 990, Part IV	, line 11e or 11f. Se	ee Form 990, Part X,
1.	line 25.	(b) Book value	·		
(1) Federal in	(a) Description of liability	(b) Book value			
	icome taxes				
(2)					
(3)	<del></del>				
(4)					
(5)					
(6)	<del></del>				
(7)					
(8)					
(9)	bland and Fam 000 Pad V and Will a 05 b				
	b) must equal Form 990, Part X, col (B) line 25) ▶	M A			
	r uncertain tax positions. In Part XIII, provide				
organization'	s liability for uncertain tax positions under Fl	114 40 (MSC 140). Che	eck nere if the text	i oi the toothole has be	en providea in Part XIII 📋

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I		<del></del>
1	Total revenue, gains, and other support per audited financial statements		1
2.	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		] ]
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		1_1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		{ }
b	Other (Describe in Part XIII.)		14.
с 5	Add lines <b>4a</b> and <b>4b</b>		4c   5
Part			<del></del>
, art	Complete if the organization answered "Yes" on Form 990, I		or recom.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del></del>
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
c	Other losses	2c	
ď	Other (Describe in Part XIII.)	2d	1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
C			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line

Schedule D (Fo	990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
•		

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

<i>_</i> )	of the organization	Employer identification number
5	uccessful Living Center	72-1523528
Par		her Similar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 6.
	(a) Donor adv	
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)	<del></del>
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 excl	
6	Did the organization inform all grantees, donors, and donor advisors in	<del>-</del> -
•	only for charitable purposes and not for the benefit of the donor or do	
		· · · · · · · · · · · · · · · · · · ·
Par	t II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·
ı aı		Doct IV line 7
	Complete if the organization answered "Yes" on Form 990	J, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	
	Preservation of land for public use (e.g., recreation or education)	
		Preservation of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conse	<del></del>
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure incl	luded in (a) 2c
đ	Number of conservation easements included in (c) acquired after 7	1 1
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is I	
5	Does the organization have a written policy regarding the periodic	
		· · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ons, and enforcing conservation easements during the year
	<b>-</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing conservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easeme	ents 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, Historica	
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and balance shee
	works of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial	ial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	, to report in its revenue statement and balance shee
	works of art, historical treasures, or other similar assets held for pul	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures	s, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.
а	Revenue included on Form 990, Part VIII, line 1	<b> \$</b>
b	Assets included in Form 990, Part X	

Par	Organizations Maintaining										
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and oth	er recor	ds, checl	k any of th	e follov	ving that are a	signific	ant us	e of its
а	☐ Public exhibition			d l	Loan	or exchang	je prog	rams			
b	☐ Scholarly research			e i	Other						
С	☐ Preservation for future generations	s									
4	Provide a description of the organiza XIII.	tion's	collections ar	nd expla	un how th	ney further	the org	janization's exi	empt pu	ırpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather									Yes	□ No
Parl	IV Escrow and Custodial Arra	ange	ments.								
	Complete if the organization 990, Part X, line 21.									on Fo	orm
1a	Is the organization an agent, trustee included on Form 990, Part X7					· · · ·				Yes	□ No
b	If "Yes," explain the arrangement in P	art XII	II and complet	e the fo	llowing ta	ıble:					
								<u> </u>	Amoun	t	
C	Beginning balance						10	:			
đ	Additions during the year						10				
е	Distributions during the year						16				
f	Ending balance						11				
2a	Did the organization include an amou										☐ No
	If "Yes," explain the arrangement in P	art XII	II. Check here	if the ex	planation	has been	provid	ed on Part XIII	<u> </u>		
Par	t V Endowment Funds.			_							
	Complete if the organization							· · · · · · · · · · · · · · · · · · ·			
		(a)	Current year	(b) Pric	or year	(c) Two year	rs back	(d) Three years ba	ick (e)	Four yea	rs back
1a	Beginning of year balance	ļ							_		
b	Contributions	<u> </u>									
С	Net investment earnings, gains, and losses										
đ	Grants or scholarships	<u> </u>									
е	Other expenditures for facilities and										
	programs	<u></u>									
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	the cu	irrent year end	l balanc	e (line 1g,	, column (a	)) held	as:			
а	Board designated or quasi-endowme	nt 🕨		%							
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶		<u></u> %								
	The percentages on lines 2a, 2b, and										
3а	Are there endowment funds not in the	e pos	session of the	organia	zation tha	t are held	and ad	ministered for	the		
	organization by:								_	Ye	s No
	(i) unrelated organizations								. 3	a(i)	
	(ii) related organizations								. <u>3</u> a	a(ii)	
b	If "Yes" on line 3a(ii), are the related o								. 🚨	Bb	
4	Describe in Part XIII the intended uses			n's endo	wment fu	ınds.		<del></del>			
Part	, , ,			_	_						
	Complete if the organization	ans	wered "Yes"	on For	m 990, F	Part IV, line			0, Part	X, line	e 10.
	Description of property	_	(a) Cost or other			r other basis her)		Accumulated epreciation	(d)	Book va	alue
1a	Land					4500					4500
b	Buildings					45000		0			45000
C	Leasehold improvements					18606		0			18606
d	Equipment					52739		3418			49321
e	Other	•									
Total.	Add lines 1a through 1e. (Column (d) r	nust e	equal Form 99	O Part	column	(B) line 10	201				117427

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12.  (i) Planarioid denvitives (ii) Financial denvitives (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or end-oi-year mastet value (iii) Cost or	Part VII	Investments—Other Securities				
(a) Color (and display name of recently)  (b) Financial derivatives  (c) Closely-held equity interests (d) Cher (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c						
		(including name of security)	у	(b) Book value		
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		held equity interests			<u> </u>	
					<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.   One	(A)				<u> </u>	
(6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				<u> </u>	<del> </del>	
				ļ	<del> </del>	<del></del>
Final					<del></del>	
Gi   Gi   Gi   Gi   Gi   Gi   Gi   Gi				<del></del>	<del></del>	
Total,				<del>}</del>	<del></del>	
Total,   Column (b) must equal Form 390, Part X, col. (B) Interestments   Program Related.						
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) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value   (c) Book value		h) must equal Form 990. Part X. col. (R) line 12.)		<del> </del>	<del> </del>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			d.	L	<del></del>	
(a) Description of investment (b) Book value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-of-year end-o				rm 990. Part IV. li	ne 11c. See Form	990. Part X. line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 13) ▶  Part X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) Besoription (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) fine 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) Gook value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				<del>,                                     </del>	(c) Me	thod of valuation.
(8) (9) Total. (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) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (c) Georgian (		<del></del>	<del></del>	<del> </del>	+	
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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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Iine 25.   1.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)   (8)	Part X					<del></del>
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			wered "Yes" on Fo	rm 990, Part IV, lı	ne 11e or 11f. Se	e Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1		And Book walvo			
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			(b) Dook value			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			<del> </del>			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<del></del>	<del> </del>			
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) >  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<del></del>				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			†			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) >  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)		<b> </b>			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
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	2. Liability for	r uncertain tax positions. In Part XIII, prov	ide the text of the footr	note to the organizati	on's financial statem	ents that reports the

Part	XI Reconciliation of Revenue per Audited Financial State		Return.
	Complete if the organization answered "Yes" on Form 990		
1	Total revenue, gains, and other support per audited financial statement		1
2.	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.   2a	
b	Donated services and use of facilities		1
c	Recovenes of prior year grants		7 1
đ	Other (Describe in Part XIII.)		1
е	Add lines 2a through 2d		1 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	}
b	Other (Describe in Part XIII.)	. 4b	7, {
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990	0, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.   2a	] ]
b	Prior year adjustments	. 2b	]
C	Other losses	. 2c	]
d	Other (Describe in Part XIII.)	. 2d	]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		1
b	Other (Describe in Part XIII.)		4
_c	Add lines 4a and 4b		4c
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,		4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	line 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2	5 p; Part V, line 4; Part X, line
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Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

20**17** 

**Employer identification number** 

Open to Public Inspection

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

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

Successful Living Center 72-1523528 Part VI Line 8b- The Board of Directors as a whole are the sole governing body of the organization Part VI Line 11b- The Board of Directors are provided with a copy of the 990 for review, comments and/or changes Part VI Line 19- The governing documents are available at the organization's office and may be inspected upon request. Part VI Line 9 Lovetta Churchill 6107 S. Hampton Dr. Montgomery, AL 36116 Stephanie Jones 93 Brookhaven Trail Wetumpka, AL 36093 Sophia Lewis 4679 Chrystan Rd. Montgomery, AL 36109 Isaiah Sankey 313 Mildred St. Montgomery, AL 36104