Department of the Treasury

Internal Revenue Service

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

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

2016
Open to Public Inspection

For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30. 2017 Check if applicable C Name of organization D Employer identification number Address change FOUR RIVERS FULLER APARTMENTS Name change Doing business as 81-0547514 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final returns 425 BROADWAY, SUITE 201 (270)442-7121 66,073. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 42001 PADUCAH, KY H(a) Is this a group return Applica-F Name and address of principal officer: TERRY HUDSPETH for subordinates? Yes X No 425 BROADWAY, SUITE 201, PADUCAH, 42001 KY H(b) Are all subordinates included? 4947(a)(1) or 527/ Tax-exempt status: X 501(c)(3) _ 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number Form of organization: X Corporation Other > Association Trust L. Year of formation: 2001 M State of legal domicile: KY Part | Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE RESIDENTIAL SERVICES Governance FOR INDIVIDUALS WITH A PHYSICAL, DEVELOPMENTAL, OR MENTAL DISABILITY 2 Check this box > _____ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Activities & 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Fort 990 Fige 34 C 1 0. **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) 0. Revenue MAY 1 4 2018 66,114 Program service revenue (Part VIII, line 2g) 65,086. 19 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, (October 12) ,519 963 66,073. 67,652 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part iX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,410 18,410. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 82,269. 68,465 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 86,875 100,679. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -19,223-34,606. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 615,866 598,192. 20 Total assets (Part X, line 16) 820,920. 803,988 21 Total liabilities (Part X, line 26) -188,122. -222<u>,728.</u> Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of the parer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Sign TERRY HUDSPETH, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature 02/10/18 self-employed GREG L. YATES, CPA ₽01076959 Paid GREG L. YATES, CPA Firm's name LAYTON, BYRD & MEEKS Preparer Firm's EIN 61-0979763 Firm's address > 720 BROADWAY Use Only Phone no. (270) 443-8763 PADUCAH, KY 42001 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

63200 1 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

Form 990 (2016) FOUR RIVERS
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ı	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.5
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		<u> X</u>
11	as applicable.		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) - (1) (1) - (1) (1) - (1)
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-	,-# -	• /-
а	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	İ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	Х
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	140		
13		15	l	X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-19-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ _
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
			000 //	2040

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Form **990** (2016)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	21		Х
2 2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 -		·
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 *
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Ì	ł	1
	Schedule J	23		x
240		23		<u> </u>
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		,	
		24a		x
	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		 ^
b	· · · · · · · · · · · · · · · · · · ·	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245	}	1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.	l	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	,	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3.5
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ļ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		}	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	27.26	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	12	1	
	instructions for applicable filing thresholds, conditions, and exceptions):	-	57.4	-2:
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	[
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ł	- T
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1,5	
	Part V, line 1	34	X	77
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			[
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, fine 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			Ì
	Note, All Form 990 filers are required to complete Schedule O	38	X	L

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Form **990** (2016)

Pa	Statements Regarding Other IRS rilings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Γ	<u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	7		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
С	(qambling) winnings to prize winners?	1c		1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-10	 	
24	filed for the calendar year ending with or within the year covered by this return 2a 2a	1	ļ '	Ι.
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		'
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	 	
-	64.000	3a	· ·	X
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		A
_		- S	 	
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
L	If "Yes," enter the name of the foreign country:	- 10		1
В	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	· '-	, `	1.
5a	the second of th	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 55	 	
V.	any contributions that were not tax deductible as chantable contributions?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			 -
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		7.1	35
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	, ·	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c	L	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	دار د	Spring.	Tell-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е	<u> </u>	J.,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'	F 7-	1,,,-
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.	13.	350	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	١.,		15
а	Initiation fees and capital contributions included on Part VIII, line 12	4	34.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┨.		
11	Section 501(c)(12) organizations. Enter:			".
а	Gross income from members or shareholders	4	Ι'.	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4	,	'
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		├-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		├─-	├
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.			1 . '
	Enter the amount of reserves the organization is required to maintain by the states in which the		• "	I
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand	 		1
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has a filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14a	 	X
-	IT "YOR " DOER TIES A HORM (VILTO CODOR TRACE DAVIMENTS) IT THO " PROVIDE AR EVALUATION IN NORSHILLE ()	1 145		

81-0547514 Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to mid da, bb, or rob book, accombe the circumstances, processes, or changes in ochequie of see instructions.			
	. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	ł	ŀ	
	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.			
ь		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		Ì
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	├	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Did the organization have members or stockholders?	6	<u></u>	X
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	<u> </u>	X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			₹.
_	persons other than the governing body?	7b	345.4	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	.	. 17.73
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 9		
<u> </u>	tion D. Foliolos (This Section B requests information about policies not required by the internal nevertue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	102	·i	
	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		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ν.	1.6	ا الماري و الماري
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	.e. ,
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	х	ı
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			: ", ;,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,	ا ۽ سيدر	
а	The organization's CEO, Executive Director, or top management official	15a	, ,	X
b	Other officers or key employees of the organization	15b		X
	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		' I	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		.	;
_	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	_
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	WESTERN KY MH-MR BOARD, INC (270)442-7121			
	425 BROADWAY, SUITE 201, PADUCAH, KY 42001			_

Form 990		81-0547514	Page 7
PartVII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	·	\Box
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	······································	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization	's tax yea

- 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.

(A) Name and Title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an			han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	individual trustee or director	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) TERRY HUDSPETH CHAIRPERSON	1.00	x		х				0.	118,576.	92,435.
(2) SHARON JONES	1.00	*				_			110/3/00	<u> </u>
SECRETARY/TREASURER		x		x				0.	83,712.	50,561.
(3) PATTY HUGHES	1.00									
VICE-CHAIRPERSON		X		X				0.	91,972.	53,169.
(4) PHYLLIS YOUNGBLOOD	1.00	x						0.	0.	
DIRECTOR	1.00	^				├-				0.
(5) JEANNE GALLIMORE DIRECTOR	1.00	x				[0.	0.	0.
(6) ED DAVIS	1.00	-				_				
DIRECTOR		x	İ					0.	0.	0.
			_	_			\dashv			
		1		- 1			1			

	rt VII Section A. Officers, Directors, True (A) Name and title	(B) Average hours per week	Pos (do not check box, unless pe officer and a d		C) ition more rson	l than is bot	one han	(D) Reportable compensation from	(E) Reportable compensation from related	on	(F) Estimated amount of other	
		(list any hours for related organizations below line)	tee or director						the	organization (W-2/1099-MI	ıs	compensation from the organization and related organizations
								•				
										•		
			-									
				-								
							_					
1b	Sub-total		<u> </u>	L	L			<u> </u>	0.	294,2	60.	196,165.
	Total from continuation sheets to Part V						•	•	0.		0.	0.
<u>d</u> 2	Total number of individuals (including but r	not limited to th					e) wh	no re	0. eceived more than \$100	294,2 ,000 of reportab		196,165.
	compensation from the organization											Yes No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s									mployee on		3 X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	•		_						the organization		4 X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	unr			dual for services		5 X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedur	9 3 1	OI S	ucii j	Ders	OH					3 A
1	Complete this table for your five highest co the organization. Report compensation for										npensa	tion from
	(A)					*1617	01 11		(B)		0-	(C)
	Name and business	address	N	INC	<u> </u>		= -		Description of s	ervices		mpensation
								-				
								-				
								\dashv			·	
	·····							\dashv				
		_										
2	Total number of independent contractors (in \$100,000 of compensation from the organic	_	ot lu	mıte	d to		se lis)	ted	above) who received m	ore than		
												000 (0010)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded (A) Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1đ e Government grants (contributions) 18 f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f Business Code 531110 37,659 2 a HUD SUBSIDY 37,659 Program Service Revenue ь RENTAL FEES FROM TENAN 531110 27,427 f All other program service revenue 65,086. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents . .. b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) . . . d Net gain or (loss) . 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses . . . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 2. 11 a OTHER 531110 963 963 d All other revenue 963. e Total, Add lines 11a-11d Total revenue. See instructions. 66.073. 66.049

360	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-	omplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			7.7	
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign			, , ,	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	12 746	12 746		
7	Other salaries and wages	12,746.	12,746.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_		4,689.	4,689.		
9 10		975.	975.		,
11	Payroll taxes		573.		
''a	Management	6,419.		6,419.	
b	Legal	171.	* **	171.	
c	Accounting	4,625.		4,625.	<u></u>
d	Lobbying	•			
е	Professional fundraising services. See Part IV, line 17		(1) 11 11 11 11 11 11 11 11 11 11 11 11 1	認事時間代と時代	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	667.	667.		
14	Information technology				
15	Royalties				
16	Occupancy	32,652.	32,652.		<u>-</u>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest				
21 22	Description desirting and amortisation	24,337.	24,337.		
22 23	. ' . ' . ' . ' . ' . ' . ' . ' . ' . '	12,918.	12,918.		
24 24	Other expenses. Itemize expenses not covered	22,75200		·	
_ •	above. (List miscellaneous expenses in line 24e. If line	المنتمل المتأثن والمتأثن	the state of the	`` <i>,</i>	~
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	1. 18.0	. ,	r -	
а	BAD DEBTS	465.		465.	
ь	LICENSE AND TAXES	15.	15.		· · · · · · · · · · · · · · · · · · ·
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	100,679.	88,999.	11,680.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 2,400. 1 Cash · non-interest-bearing 778. 2 Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net 3 224 4 Accounts receivable, net 4 . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8,888. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 806,032 basis. Complete Part VI of Schedule D 553,737 535,920. 10b 270,112. 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 50,617. 15 15 <u>52,869.</u> 615,866. <u>598,192.</u> 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 56,235. 73,961. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 75. Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 744,300. 744,300. 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 of 3,453. 2,584. 25 803,988 820,920. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\subseteq \text{X} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -188,122 27 27 28 Temporanly restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 -222,728. -188,122. 33 33 Total net assets or fund balances 598,192. 615,866. Total liabilities and net assets/fund balances .

Forr	n 990 (2016) FOUR RIVERS FULLER APARTMENTS	81-054	7514	Pag	je 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·			
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6'	
3	Revenue less expenses. Subtract line 2 from line 1	3	- 3 4	1,60	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-188	3,12	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-222	7.72	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	<u>.</u>		<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cher		1,4	2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) O.	[3	C	أيتمث
2a	· · · · · · · · · · · · · · · · · · ·		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	34	123	
	separate basis, consolidated basis, or both:		3.0		翻引
	Separate basis Consolidated basis Both consolidated and separate basis		7.4 3	200	教教生
b	Were the organization's financial statements audited by an independent accountant?		2b	X	X 100 - 1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	ie basis,			The state of
	consolidated basis, or both:		1 2		
	X Separate basis Consolidated basis Both consolidated and separate basis				110
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1. 32 10		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Market	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		*	14 P	3 × 4 × 4
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 '''	FEET 1	沙子 日
_	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3b </u>	X	
			Form 9	3 90 (2	2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization Employer identification number RIVERS FULLER APARTMENTS 81-0547514 PartI 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 L A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

	redule A (Form 990 or 990-EZ) 2016 F	OUR RIVER	RS FULLER	<u>APARTMENT</u>	'S	<u>81-054</u>	7514 Page 2
	art II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you checke	ed the box on line	5,7, or 8 of Part Id	or if the organization	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the test	s listed below, plea	ase complete Part	111)			
<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/ (f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not	i	İ				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	İ	j				
3	The value of services or facilities				• //		
_	furnished by a governmental unit to				i /	ļ	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			. (2			
3	by each person (other than a	" ' "		30 00 02. 30			
	governmental unit or publicly	State State	4.15	Section 1		11.5	
	• • •						
	supported organization) included			1	Service Salar	And the second second	
	on line 1 that exceeds 2% of the					The first of	
	amount shown on line 11,	The second second	A STATE OF THE STA				
	column (f)		FINANCE AND A	No. of the State o	TESTE STATE	S. S. S. S. S. S. S. S. S. S. S. S. S. S	
6	Public support. Subtract line 5 from line 4	+ f = f = f + f + f =		## 10 M	र्ष र रहे ।	1 (3)(3, 17, 17)	<u> </u>
	ction B. Total Support	,		1		T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<u>(b)</u> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, 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	Total support. Add lines 7 through 10	,	- C/ 4	G 30 1 2 1 1 1	,	- , ,	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here		<u> </u>		,,,,	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (ine 6, column (f) di	ivided by line 11, c	column (f))		14	%
15	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the c			n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2015. If the c						nis hox
_	and stop here. The organization quali			-4!			▶ □
17a	/10% -facts-and-circumstances test		_			 and line 14 is 1094	or more
a	and if the organization meets the "fac						
[,							IIZALIUN
//-	meets the "facts-and-circumstances"						- -
// D	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						▶⊨
<u> 18</u>	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

50	ction A. Public Support	elow, please comp	piete Part II)				
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(6) 2013	(0) 2014	(0) 2013	(e) 2010	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	61 402	62 061	56,183.	67,633.	76,050.	324,320.
_	organization's tax-exempt purpose	61,493.	62,961.	20,103.	67,633.	76,030.	344,340.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	61 400	60 061	56 100	67 622	76 050	204 200
6	Total. Add lines 1 through 5	61,493.	62,961.	56,183.	67,633.	76,050.	324,320.
7 a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
C	Add lines 7a and 7b		nested & token	The state of the s	Transport of the property		0.
8	Public support (Subtract line 7c from line 6)	Joseph John King	distriction of the state of the	Command Command (1964) 人工 (1964)	はないがれていて	16 A	324,320.
	tion B. Total Support			4) 004 4		4 2040	(0.7-1-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 76,050.	(f) Total 324,320.
9	Amounts from line 6	61,493.	62,961.	56,183.	67,633.	/6,050.	324,320.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
–	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	40		1 -	10	24	121.
_	assets (Explain in Part VI.)	42.	21.	15.	19.	24.	
13	Total support. (Add lines 9, 10c, 11, and 12)	61,535.	62,982.		67,652.	76,074.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	a, tourth, or tath ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	io Support Do			 		
	tion C. Computation of Publ			-1 (0)		4-	99.96 %
15	Public support percentage for 2016 (• •	-	xolumn (t))		15	
16_	Public support percentage from 2015			 		16	99.96 %
	tion D. Computation of Inves			- 40 (0)		2-1	00 %
17	Investment income percentage for 20	•				17	.00 %
18	Investment income percentage from					18	% 17 :
	33 1/3% support tests - 2016. If the						i / is not ू च्लि
	more than 33 1/3%, check this box a	•	-				▶ 🗶
	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						···· · ₹ -
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type I only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.)

		Yes	No
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		54/51	4 P	<u>age 5</u>
Pa	Irt IV Supporting Organizations (continued)		·	
	The the expension property of the superty of the fallowing persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ľ	
2	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		┼
	A family member of a person described in (a) above?	11b		┼
	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	L	
<u> </u>	ction B. Type I Supporting Organizations		Van	LNa
_	Did the directors to stock or membership of one or more supported exceptrations have the newer to	,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		٠,٠	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		<u>,</u> ;,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1.3	
	controlled the organization's activities. If the organization had more than one supported organization,	1, '		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	٠,	``a	a
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1-4-2	-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		EGE.	*********
<u></u>	supervised, or controlled the supporting organization.	2	L	ــــــــــــــــــــــــــــــــــــــ
Sec	tion C. Type II Supporting Organizations			T
_	Miles to the state of the state	11.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4	1000	200
	or management of the supporting organization was vested in the same persons that controlled or managed	, v.	Shua".	1 2 2 2 2
<u></u>	the supported organization(s).	1	L	L
<u>sec</u>	tion D. All Type III Supporting Organizations		V	TNo
_	Distriction and the early of the companies to be built by the least day of the fifth month of the	11. TES	Yes	No Maria
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	1.00		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	12.30		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	2. 296	785 400	62 5 5 c
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	(T.A2)	100 Marin	Ser.
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$27.55# p	1, 5/3
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3270		Total Services
	significant voice in the organization's investment policies and in directing the use of the organization's		2.00	4.6
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		Section 4	. central
<u></u>	supported organizations played in this regard.	3	L	<u> </u>
	tion 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 yea(see Instructions,	<i>)-</i>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	notructions	.1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istructions	Yes	No
2	Activities Test. Answer (a) and (b) below.		1. 1	1140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		, "	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		: .	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		'	
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a	-	
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_	- " "	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		٠٠.	: -
	reasons for the organization's position that its supported organization(s) would have engaged in these		- ·	· '
_	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.		.	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		,	'
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		l	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

	edule A (Form 990 or 990-EZ) 2016 FOUR RIVERS FULLER APAR			1-0547514 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust o	on Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sec	tion 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		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	- ,5	and the state of t	
	instructions for short tax year or assets held for part of year):	-	<u> </u>	3 74 3 5 50 3
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d	The second of th	and the state of t
0	Discount claimed for blockage or other	4.3		
	factors (explain in detail in Part VI):	_	<u> </u>	2', 3, 1 1 114, '2 44, 25 -1-2
	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		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
<u> 6 </u>	Multiply line 5 by .035	6		
7_	Recoveries of pnor-year distributions	8		
8 Secti	Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount	1 8		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2	Enter 85% of line 1	2	· 大家大家 大家大家	****
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5	The state of the s	
<u>5</u> _	Distributable Amount, Subtract line 5 from line 4, unless subject to	 •	4 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
6	emergency temporary reduction (see instructions)	6	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
7	Check here if the current year is the organization's first as a non-functional	 	ated Type III supporting orga	enization (see
•	Check hors it the current your is the organizations mot us a normalisational	.,	' b 20662 8 0.86	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 FOUR RIVERS FULLER APARTMENTS 81-054/514 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public: Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOUR RIVERS FULLER APARTMENTS

Employer identification number 81-0547514

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(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 donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor a	, , , ,	
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		*
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements. t III Organizations Maintaining Collections o	Art Historical Traccurac or C	that Cimilar Assats
Pai			ruler Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tree		u gain, provide
	the following amounts required to be reported under SFAS 1	, ,	> 0
a	Revenue included on Form 990, Part VIII, line 1		· • \$

		<u>/ERS_FULLE</u>							4/514	
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or	Other	Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the	following that a	re a sig	nificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	c	ı 🗀 ı	oan or exc	hange program	s				
b	Scholarly research									
c	Preservation for future generations	_								
4	Provide a description of the organization's co	llections and explai	n how th	ev further t	he organization	's exem	nt nurno	se in Pan	XIII	
5	During the year, did the organization solicit or									
•	to be sold to raise funds rather than to be ma					Jirringi e	200010		Yes	☐ No
Da	rt IV Escrow and Custodial Arrang					es" on F	orm 990	Part IV		<u>1NO</u>
	reported an amount on Form 990, Part		5t 0 II ti 10	Organizatio	il allswelled Te	55 UIII	OIIII 330	, 1 - 60 (14 ,	III 10 3, OI	
						<u> </u>				
та	Is the organization an agent, trustee, custodia		-				iciuded	_	7	
								<u> </u>	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing to	able:						
									Amount	
C	Beginning balance			•			1c			
d	Additions during the year						1d			
ө	Distributions during the year						1e			
f	Ending balance						11			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or co	ustodial accoun	t liabilit	y?	. L	Yes	U No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt. V Endowment Funds. Complete if	the organization ar	swered	'Yes" on Fo	orm 990, Part IV	, line 10).			
		(a) Current year	(b) Pi	rior year	(c) Two years b	ack (c	1) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions					L_				
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities							_		
	and programs		,							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre		e (line 1	a. column (a	a)) held as:					
a	Board designated or quasi-endowment	-	%	, , (-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Permanent endowment	%								
	Temporarily restricted endowment ▶	^ %								
·	The percentages on lines 2a, 2b, and 2c should									
22	Are there endowment funds not in the posses	•	ation tha	t are held a	nd administered	d for the	e organiz:	ation		
Ja	by:	olon of the organiz	u			.	5 G. ga		[v	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		•		•	•		•••	3a(ii)	
	If "Yes" on line 3a(ii), are the related organizat	one hetert on norm		obodulo P2		•			3b	
	Describe in Part XIII the intended uses of the	•				• •		•	30	
Day	t VI& Land, Buildings, and Equipme		willent	unus.						
1 41	Complete if the organization answered) Part IV	line 11a S	See Form 990 F	Part X li	ne 10			
				(b) Cost	نے سنسننے		cumulate	d	(d) Book	value.
	Description of property	(a) Cost or o	- 1			• •	eciation	•	(a) book \	/alue
		basis (investr		UdSIS	(other)	aabi	CIALIUIT		A 1	006
	Land		096.					: - -		<u>,096.</u>
	Buildings	. 745,	407.			2	<u>57,57</u>	4.	487	<u>,633.</u>
	Leasehold improvements						40 = -			
	Equipment	. 19,	<u>729.</u>				<u>12,53</u>	88.	7	<u>,191.</u>
	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colum	n (B), line 1	(0c.)				<u>535</u>	<u>,920.</u>

	Treduie D (Form 990) 2016 FOUR RIVERS	FULLER AP.	ARIMENIS	01-	OJ4/JI4 Page
P	art VII Investments - Other Securities.				
	Complete if the organization answered "Yes"				
({	a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)	Financial derivatives				
(2)	Closely-held equity interests				
(3)	Other				
	(A)				
	(B)				
	(C)	<u> </u>			
	(D)				
	(E	·			
	(F)				
	(G)				
	(H)				
	al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			<u>,, </u>	
P	art VIII Investments - Program Related.				
	Complete if the organization answered "Yes"		, line 11c. See Form 990,	Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
	(1)				·
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
	I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		A style of the Style	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a lag a s
P	art IX Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	······································
	(a)	Description	·		(b) Book value
	(1) TENANT DEPOSITS HELD IN T	RUST			2,584
	(2) RESTRICTED RESERVES				50,260
	(3) UTILITY DEPOSITS				<u>25</u>
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)		··		
	al. (Column (b) must equal Form 990, Part X, col. (B) line	∍ 15.) <u>.</u>		<u> ▶ </u>	<u>52,869</u>
Pa	art X Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form	n 990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
	(1) Federal income taxes			,	• •
((2) TENANT DEPOSITS		2,584.	٠ .	
	(3)				(t
	(4)			• '	' · · · · · · · ·
	(5)			•	
	(6)			•	•
				_	
	(8)				,
	(9)				-, -,
	al. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	2,584.		

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

	Total revenue gains and other support neverthed francial statements		66 000
1	Total revenue, gains, and other support per audited financial statements	1	66,073.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	!	
_	Net unrealized gains (losses) on investments	-	
b		-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII)		•
	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	66,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	· · · · · · · · · · · · · · · · · · ·	4	
þ	Other (Describe in Part XIII)	↓	
C	Add lines 4a and 4b	4c	<u>0.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	_5	66,073.
² a	rt XII [*] Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	, ₁	
1	Total expenses and losses per audited financial statements	1	<u>100,679.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,	
a	Donated services and use of facilities], - ,]	
b	Prior year adjustments 2b	- 1	
C	Other losses], ', '	
d	Other (Describe in Part XIII)	1.75	
ø	Add lines 2a through 2d	2е	0.
3	Subtract line 2e from line 1	3	100,679.
1	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		
ь	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	100,679.
ai	t'XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4: Part X.	line 2: Part XI.
OVI			

THE PROJECT HAS ADOPTED ASC 740-10 AS IT RELATES TO THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE PROJECT HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND KENTUCKY DEPARTMENT OF REVENUE. THE PROJECT BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE PROJECT'S FINANCIAL

Schedule D (Form 990) 2016 FOUR RIVERS FULLER APARTMENTS Part XIII Supplemental Information (continued)	81-0547514 Page 5
CONDITION, RESULTS OF OPERATION OR CASH FLOWS. ACCORDINGLY	, THE PROJECT
HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTE	REST AND
PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 20	17.
	····

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

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

m990. Inspection
Employer identification number

81-0547514 FOUR RIVERS FULLER APARTMENTS FORM 990, PART VI, SECTION A, LINE 3: FOUR RIVERS FULLER APARTMENTS IS OPERATED UNDER A MANAGEMENT CONTRACT WITH WESTERN KENTUCKY REGIONAL MENTAL HEALTH AND MENTAL RETARDATION BOARD, INC. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY CPA'S WHO PERFORM THE AUDIT OF THE ORGANIZATION AND IS REVIEWED BY THE CFO WHO IS ALSO A CPA. DUE TO TIMING ISSUES, A COPY WAS NOT PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING. ADDITIONALLY, THE FORM 990 WILL BE DISCUSSED AT THE NEXT BOARD MEETING AND A COPY WILL BE PROVIDED TO BOARD MEMBERS UPON REQUEST. FORM 990, PART VI, SECTION B, LINE 12C: ADDITIONALLY POLICY ACKNOWLEDGEMENT FORMS ARE UPDATED ANNUALLY. MANAGEMENT CONTINUOUSLY MONITORS ACTIVITY FOR COMPLIANCE WITH THE POLICY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990) Name of the organization

Part (

Related Organizations and Unrelated Partnerships

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

2016

OMB No 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990.

Employer identification number Open to Public Inspection 81-0547514

End-of-year assets Total income ਉ Legal domicile (state or Primary activity Name, address, and EIN (if applicable)

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

FOUR RIVERS FULLER APARTMENTS

Direct controlling entity ε foreign country) of disregarded entity Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, tine 34 because it had one or more related tax exempt organizations during the tax year.

(a)	(4)	(3)	5	(9)	9		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section	U) Direct controlling entity	Section 512(b)(13) controlled entity?	(2(b)(13)
			!	501(c)(3))		Yes	2
WESTERN KENTUCKY REGIONAL MENTAL HEALTH AND PROVIDE MENTAL	PROVIDE MENTAL HEALTH AND						
MENTAL RETARDATION BOARD, INC 425	MENTAL RETARDATION						
BROADWAY, PADUCAH, KY 42001	SERVICES TO THE COMMUNITY KENTUCKY		501(C)(3)	LINE 7	4/A		×
						\	

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

Schedule R (Form 990) 2016

Page 2 81-0547514

Schedule R (Form 990) 2016 FOUR RIVERS FULLER APARTMENTS

Part III organization of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) Primary activity dominal dominal	(C) Legal domicile	(d) Direct controlling	(e) Predominan		(f) Share of total	(g) Share of			(i) Code V-UBI	General managin	(i) (k) General or Percentage
		(state or foreign country)		excluded from tax under sections 512-514)			assets	Yes	ا ما	20 of Schedule K·1 (Form 1065)	Yes No	
												
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									-			
												
								_	-		\exists	
			:						+-			
Part IV Identification of Related Organizations Taxable as a Corporation of Application of Related Organizations (1997)	ganizations Taxable a	as a Corport	oration or Trust. Co	omplete if the	e organization	n or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	s* on Form 99	0, Part IV, lı	ne 34 bec	cause it had	one or n	nore related
(a)			(a)	9	(D)		<u> </u>	3		(6)	Ξ	(3)
Name, address, and EIN of related organization	Z c	Prim	Primary activity	Legal domicile (state or	Direct controlling entity	lling Type of entity (C corp, S corp,		Share of total income	ende		Percentage ownership	e 512(b)(13) controlled
		ļ		country)		o tr	ist)		ä	assets		Yes No
						i 	<u> </u>			i		
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						<u>.</u>				-		
632162 08-06-16						 - 				Schedul	e R (Fo	Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 FOUR RIVERS FULLER APARTMENTS

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)	:	:	: .	1b X
c Gift, grant, or capital contribution from related organization(s)		:		10
d Loans or loan guarantees to or for related organization(s)				Td Dt
e Loans or loan guarantees by related organization(s)		:		1e
f Dividends from related organization(s)				×
A Sale of assets to related organization(s)		:		×
	•	:		
	:	:		
Exchange or assets with related organization(s)	:			
j Lease of facilities, equipment, or other assets to related organization(s)		: : : :		1 X
b lease of facilities equipment or other accets from related organization(s)				×
				×
m. Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			×
III i circumatico el servició de mentra de la caracteria de la caracteria servició de caracteria de	(5)			╄
	(e),,,,,	:	:	
o Sharing of paid employees with related organization(s)	:	:	:	10
n Beimbilisement paid to related organization(s) for expenses				, t
	:		:::	\vdash
ייי יייי יייי יייי מאכן אין ופוערס פון אין אין אין אין אין אין אין אין אין אי	:			
r Other transfer of cash or property to related organization(s)	:	:	!	-t-
s Other transfer of cash or property from related organization(s).				ts X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	tion on who must complete this line, including covered relationships and transaction thresholds	
(a) Many of tales of parties of the state of the state of tales o	(b)	(c)	(b)	portoral
יימניים כן נימניכל כושם ייבמינים	type (a-s)			
WESTERN KY REGIONAL METAL HEALTH AND				
(1) MENTAL RETARDATION BOARD, INC.	Д	27,861.	ACTUAL COST	
WESTERN KY REGIONAL METAL HEALTH AND				
(2) MENTAL RETARDATION BOARD, INC.	×	6,419.	419. MANAGEMENT CONTRACT	
[3]				
(4)				
(5)				
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Page 4

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

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

(a) (h) (a)	(4)	(3)		[6	(5)	3	9	3	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	t income related,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- bonate allocations?	Dispuppir Code V-UBI General or Percentage amount in box 20 managing ownership	General o managing	Percentage ownership
		country)	sections 512-514) Yes	Yes No	ıncome	assets	Yes	(Form 1065)	Yes	
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Schedule R (Form 990) 2016

Schedule I	R (Form 990) 2016	FOUR RIV	<u>ERS FULLER</u>	APARTMENT	rs	<u>81-0547514</u>	Page 5
Part VII	R (Form 990) 2016 Supplemental in	formation.					
	Provide additional info	ormation for responses	to questions on Se	chedule R. See instr	uctions.		
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