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Form 990-E2

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150 2016

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. , 2016, and ending A For the 2016 calendar year, or tax year beginning January 1 December 31 B Check if applicable: C Name of organization ? D Employer identification number Address change Diversability Inc 81-175970 Name change Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Indial return 541-678-2704 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ ? Bend OR 97709 Application pending Other (specify) If the organization is not G Accounting Method: required to attach Schedule B I Website: ▶ www.diversabilityinc.org (Form 990, 990-EZ, or 990-PF) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization. Corporation ☐ Association Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any questic-Contributions, gifts, grants, and similar amounts received . . . . 2311649 ? 2 Program service revenue including government fees and contracts 2 0 ? 3 0 3 Membership dues and assessments . . . 4 0 4 Investment income . . . . Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . **6**b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . **6d** 0 7a 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold . . . . . . . . . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) . . . . . 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 o 0 11 11 Benefits paid to or for members . . . . . 0 12 Salaries, other compensation, and employee benefits 🔼 12 Professional fees and other payments to independent contractors 2 4018 13 13 0 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping. 16 16 Other expenses (describe in Schedule O) 2 . 17 Total expenses. Add lines 10 through 16. 17 18 18 Excess or (deficit) for the year (Subtract line 17 from line-9) Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule C Set 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form **990-EZ** (2016) For Paperwork Reduction Act Notice, see the separate instructions. AUG 0081.243.1606421

OGDEN, UT

	990-EZ (; rt	Balance Sheets (see the instructions	for Part II)				Page
- G	<u> </u>	Check if the organization used Schedule		ny auestion in this	Part II		_
<del></del>		Check if the organization used Schedule	O to respond to a	ly question in this	(A) Beginning of year	<del></del>	(B) End of year
<b>.</b>	Cool	h envinge and unvestments		<b>⊢</b>	+ 4 bogstong or you	22	·
22 23		h, savings, and investments				11	1000
23 24		er assets (describe in Schedule O)		+	<del></del>	24	
25		al assets				25	100110
:5 26		al liabilities (describe in Schedule 0)				26	1017-1
20 27		assets or fund balances (line 27 of column	(D) muset como usiti	h line 21)		27	I Mad -
	illi	Statement of Program Service Accom			Dart III\	21	1017.12
aı	CIRC	Check if the organization used Schedule	•		•		Expenses
'ha	t in the	organization's primary exempt purpose?				(Req	uired for section
		-					c)(3) and 501(c)(4)
		ne organization's program service accompli				orgar	nizations; optional fo
		ed by expenses. In a clear and concise mentited, and other relevant information for ea		e services provided	, the number of	Ottion	3.,
		pyment supports for people with disabilities in		ant and ich coachine	7000 000000		<del></del>
28					j. Zero persons	Ì	}
	benen	ited. Organization's first year involved obtaining	ng contracts with sta	ie agencies.			ł
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9		urce Consultation for individuals with disabiliti	es and their families,	including attending i	neetings as		]
	ramily	advocate. Eight (8) persons benefited.				1	
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_	(Grant	ts \$ U) It this amount of supports including regular group meetings w	includes foreign gra		· · · <b>P</b> 📙	29a	، للنحمة
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	activit	ties together. Fifteen (15) persons benefited.				1	1
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	(Grant	ts\$ 0) If this amount	includes foreign gra	ants, check here .	▶ 🗆	30a	65.11
31	Other	ts \$ 0) If this amount program services (describe in Schedule O)					65.11
	Other (Grant	ts \$ 0) If this amount program services (describe in Schedule O) ts \$ 0) If this amount	includes foreign gra	ants, check here		31a	
2	Other (Grant Total	ts \$ 0) If this amount program services (describe in Schedule O) ts \$ 0) If this amount program service expenses (add lines 28a	includes foreign gra through 31a)	ants, check here		31a	105.11
32	Other (Grant	ts \$ 0) If this amount program services (describe in Schedule O) ts \$ 0) If this amount program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y <b>Employees</b> (list eac	ants, check here .	▶ □ ▶ pensated—see the r	31a	105.11
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			_
<del>-,</del>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Y	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		~
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4 1		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	200	1	
h	If "Yes," complete Schedule L, Part II and enter the total amount involved (38b) 1900.00	38a		<del> </del>
.b 39	Section 501(c)(7) organizations. Enter:	1 1		1
а	Initiation fees and capital contributions included on line 9	<b>(</b>		İ
b	Gross receipts, included on line 9, for public use of club facilities			1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		,
41	List the states with which a copy of this return is filed ▶ Oregon			
42a	THE ORGANIZATION OF DOCKER IN THE PROPERTY OF	541-67	. <b></b> .	4
b	Located at ► 1440 NW Cumberland Bend OR ZiP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		703 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	Ш	~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	• •	ا .	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		ر. ا
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								Yes	No
6		re organization engage, directly or in							
·		ndidates for public office? If "Yes," o		, Part I			- 46		~
art '		Section 501(c)(3) organizations			CO	laka Ab		- r-	
		All section 501(c)(3) organization	is must answer que	estions 47–49b and	52, and	complete the	e tables i	or iin	es
		50 and 51.	h - d. d. O 4		thin Dank t	/1			
		Check if the organization used Sch	neaute O to respond	to any question in	ınıs Part V	<del>/4</del>	<u> </u>		
47	Dia 4	ne organization engage in lobbying	activities or bays a	contion 501(h) alactu	on in offer	et during the	tav	Yes	NO
47		If "Yes," complete Schedule C, Part		section sorting electric		_			.,
40	•	organization a school as described in					<u> </u>	-	•
48 49a		ne organization make any transfers to						<del>                                     </del>	1
45a b		s," was the related organization a se						<del>                                     </del>	-
50		blete this table for the organization's						es. an	d ke
•		oyees) who each received more than							
			I	(c) Reportable	_	dth benefits,			
	(a)	Name and title of each employee	(b) Average hours per week	compensation		ns to employee	(e) Estimate other con		
			devoted to position	(Forms W-2/1099-MISC)		pensation	one con	henea	1011
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f		number of other employees paid ov				-	1		
	Comp	plete this table for the organization	's five highest comp	ensated independent		- ors who each	n received	more	thar
	Comp		's five highest comp	ensated independent		ors who each	n received	more	thar
	Comp \$100,	plete this table for the organization	's five highest comp anization. If there is n	ensated independent	t contract	<del> </del>	received		thar
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
	Comp \$100,	plete this table for the organization ,000 of compensation from the orga	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
f 51	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			than
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			than
	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest comp anization. If there is n dent contractor	ensated independent one, enter "None."	t contract	<del> </del>			thar
51	Comp \$100,	plete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest companization. If there is number of the dent contractor	ensated independent one, enter "None." (b) Type of ser	t contract	(c)			thar
51	Comp \$100, (a)	plete this table for the organization, 000 of compensation from the organization from th	's five highest companization. If there is need to contractor the contractor actors each receiving	ensated independent one, enter "None." (b) Type of ser	vice	(c)	) Compensat		thar
51 d	Comp \$100,	plete this table for the organization, 000 of compensation from the organization from th	's five highest companization. If there is need to contractor the contractor actors each receiving	ensated independent one, enter "None." (b) Type of ser	vice	NC must attack	) Compensat	ion	
d d 52	Total Did to componenties	number of other independent contratte organization complete Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All services actors accompanies accompan	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organization	vice  anizations	NC must attach	ONE  a . • • Yes	ion	No
d d 52	Total Did to componenties	number of other independent contrattle organization completed Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All services actors accompanies accompan	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organization	vice  anizations	NC must attach	ONE  a . • • Yes	ion	No
d d 52	Total Did to componenties	number of other independent contratthe organization complete Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All services actors accompanies accompan	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organization	vice  anizations	NC must attach	ONE  a . • • Yes	ion	No
d d 52  Jinder prue, co	Total Did to componenties prect, and	number of other independent contratte organization complete Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All services actors accompanies accompan	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organization	vice  anizations	NC must attach	ONE  a . • • Yes	ion	No
d 52 Juder prue, co	Total Did to componenties prect, and	number of other independent contratte organization complete Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All so return, including accompanion officer) is based on all info	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organization	vice  anizations	NC must attach	ONE  a . • • Yes	ion	No
d 52 Juder prue, co	Total Did 1 componalties	number of other independent contratthe organization complete Schedule A	's five highest companization. If there is no dent contractor  dent contractor  actors each receiving ule A? Note: All so return, including accompanin officer) is based on all information.	ensated independent one, enter "None."  (b) Type of ser  over \$100,000  ection 501(c)(3) organizing schedules and statem ormation of which preparer	vice  anizations  ents, and to has any kno	NC must attach	ONE  a  Ves	ion	No
d 52  Jnder prirue, co	Total Did 1 componalties rect, an	number of other independent contratte organization complete Schedule A	's five highest companization. If there is no dent contractor  actors each receiving ule A? Note: All so return, including accompanion officer) is based on all info	ensated independent one, enter "None."  (b) Type of ser  over \$100,000  ection 501(c)(3) organizing schedules and statem ormation of which preparer	vice  anizations	NC must attach the best of my kr wledge 4/8/18	ONE  a  Ves  nowledge and	ion	No
d 52 Under prue, co	Total Did 1 componalties rect, an	number of other independent contratthe organization complete Schedule A	's five highest companization. If there is no dent contractor  dent contractor  actors each receiving ule A? Note: All so return, including accompanin officer) is based on all information.	ensated independent one, enter "None."  (b) Type of ser  over \$100,000  ection 501(c)(3) organizing schedules and statem ormation of which preparer	vice  anizations  ents, and to has any kno	NC must attach the best of my krwledge 4/8/18	ONE  a  Ves  nowledge and	ion	No
d 52 Under prive, co	Total Did to componentities arrect, and a series are the componentities are the componential trees.	number of other independent contratthe organization complete Schedule A	's five highest companization. If there is no dent contractor  dent contractor  actors each receiving ule A? Note: All so return, including accompanin officer) is based on all information.	ensated independent one, enter "None."  (b) Type of ser  over \$100,000  ection 501(c)(3) organizing schedules and statem ormation of which preparer	t contracte	NC must attach the best of my kr wledge 4/8/18	ONE  a  Ves  nowledge and	ion	No

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

**Public Charity Status and Public Support** 

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

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 91 1750701

Dive	sab	ility Inc.					81-17!	59701
Pai	t1	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	orga	nızatıon is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	~C4
1		A church, convention of church	-					) )
2		A school described in section						
3		A hospital or a cooperative hos						\ ************************************
4	_	A medical research organization	•	injunction with a nost	onal desc	nbea in s	iection 1/U(D)(1)(A)(	ill). Enter the
5		hospital's name, city, and state An organization operated for t		college or university	owned o	r operate	d by a government	al unit described in
3		section 170(b)(1)(A)(iv). (Comp		college of diliversity	Owned 0	Operate	d by a government	ar drift described in
6		A federal, state, or local govern	•	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7		An organization that normally	•					the general public
	_	described in section 170(b)(1)			•	•		
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi						
		or university or a non-land-grauniversity:			·			
10	~	An organization that normally r	eceives: (1) more	e than 331/3% of its st	upport fro	om contril	butions, membership	o fees, and gross
		receipts from activities related support from gross investment	income and un	related business taxal	ertam ext ble incom	re (less se	ection 511 tax) from	businesses
	_	acquired by the organization at	fter June 30, 197	75. See <b>section 509(</b> a	<b>ı)(2).</b> (Cor	nplete Pa	art III.)	
41		An organization organized and	•	-	-			
12	Ш	An organization organized and of one or more publicly support						
		Check the box in lines 12a thro						
a	1	☐ <b>Type I.</b> A supporting organ	-			-		
		the supported organization						
		supporting organization. Ye						
b	•	☐ <b>Type II.</b> A supporting organ						
		control or management of				persons	that control or mana	age the supported
		organization(s). You must	=					
•	;	Type III functionally integrates supported organization(						ally integrated with,
	1	☐ Type III non-functionally i		•				rted organization(s)
		that is not functionally integ						
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
•	•	☐ Check this box if the organ						e II, Type III
		functionally integrated, or I	ype III non-func	tionally integrated sup	pporting (	organizat	ion.	<u></u>
f		nter the number of supported of						· · []
		rovide the following information					r:::::::::::::::::::::::::::::::::::::	
	(i)	Name of supported organization	(A) EIN	(iii) Type of organization (described on lines 1-10		<b>xganization</b> ur governing	(v) Amount of monetary support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
		,	,		Yes	-No		
(A)					}	}		
(B)	*							
				- <u>-</u>		<u> </u>		
(C)					1	1		
					<del> </del>	-		
(D)						}		<u> </u>
(E)							_	
Tota					1			·

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 0 2 Tax revenues levied for organization's benefit and either paid to or expended on its behalf . . . Ø 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 Total. Add lines 1 through 3. . . . 0 0 The portion of total contributions by (other each person than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 k-0 Section B. Total Support Calendar year (or fiscal year beginning in) **(c)** 2014 (a) 2012 **(b)** 2013 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 . . . . . . 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 0 11 Total support. Add lines 7 through 10 0 12 0 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . % 15 % 16a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test -2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2016. 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 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 

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

18

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support			, <del></del>			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	e e	, 0	0	0	2316.49	2316.49
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1 1			I	į	
	furnished in any activity that is related to the organization's tax-exempt purpose	1	o	o o	o	ત	0
3	Gross receipts from activities that are not an			<u>-</u>	-		<del></del>
•	unrelated trade or business under section 513	ol	0		م	a	
					9		
4	Tax revenues levied for the	} ,			)	1	
	organization's benefit and either paid	-	_1			_	_
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities					1	
	furnished by a governmental unit to the	}			}	ł	
	organization without charge	C	0	0	) 0	0	0
6	Total. Add lines 1 through 5	o	0	0	0	2316 49	2316.49
7a	Amounts included on lines 1, 2, and 3					T	
	received from disqualified persons .	o	ó	_ 0	ો	o j	0
ь	Amounts included on lines 2 and 3						
	received from other than disqualified	1		,	l	1	
	persons that exceed the greater of \$5,000	1	•	•	ĺ	}	
	or 1% of the amount on line 13 for the year	o	o	o	o	o	0
c	Add fines 7a and 7b		0	O	B	0	
8	Public support. (Subtract line 7c from		7, 10 3	7	7 4 337	<del></del>	
_	line 6.)	Control of the Contro	Street And Street	ANTENNA TO	THE CONTRACTOR STATES	Constant Control	2316.49
Secti	on B. Total Support	1 -2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	* 30 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Residence of the second of the	Section Lines and Section	Sandy Was Find and a	2310.47
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 201E	(a) 2016	40 Total
9	Amounts from line 6	(a) 2012 0	(0) 2013		(d) 2015	(e) 2016	(f) Total
_		1	٠,٠	, <b>U</b> ,	- 4	2316.49	2316.49
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			_		_	_
	royalties and income from similar sources .	0	0	0	0	0	
b	Unrelated business taxable income (less				[		
	section 511 taxes) from businesses						
	acquired after June 30, 1975	10	Ø	0	.00	<u> </u>	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether	}	,		1	f	
	or not the business is regularly carried on		o	o	o	o	0
12	Other income. Do not include gain or					<u> </u>	<del></del>
-	loss from the sale of capital assets	}	í	1	1	1	
	(Explain in Part VI.)	اه	0	n	ا	o	0
13	Total support. (Add lines 9, 10c, 11,				<del>                                     </del>	<del></del>	
	and 12.)	f of	o	م	<u> </u>	2316.49	2316.49
14	First five years. If the Form 990 is for the	1 . "1		d third fourth	or fifth tay yo		
14	organization, check this box and stop he	-					
Sacti	on C. Computation of Public Suppo			<del></del>	<del></del>		🕨 🗸
		<del>_</del>		2 calaman (0)		I AE I	400.0/
15	Public support percentage for 2016 (line		_			15	100 %
16 Saati	Public support percentage from 2015 Sc			<del></del>	<del></del>	16	0 %
	on D. Computation of Investment In				(0)	1 4= 1	
17	Investment income percentage for 2016	-		-		17	0 %
18	Investment income percentage from 201					18	0 %
19a	331/2% support tests—2016. If the organ						•
	17 is not more than 331/3%, check this box	<del>-</del>	_			•	_
b	331/3% support tests—2015. If the organic						
	line 18 is not more than 331/3%, check this	box and stop h	<b>ere.</b> The organi	zation qualifies	as a publicly su	pported organiz	zation 🕨 🔲
20	Private foundation. If the organization d	id not check a l	box on line 14,	, 19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

## **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(9) (10)

▶ Attach to Form 990 or Form 990-EZ ➤ Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

Employer identification number

Par								1(c)(29) organiza				V line	405	
1	(a) Name of disqualified.	1 ,	answered. Ye (b) Relationship/be				# RE 25	(c) Description				v, upre		rected?
'	(a) warne or orsquaines.	person		organizat	וסח			(c) Description	ובאַנו זיט ו	Sacro	11		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														<u> </u>
2	Enter the amount		-			-	qualif	ied persons du	ing tl	ne ye	ar			
	under section 4958								•		• \$	<u> </u>		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimbu	irsed by	the organi	zatio	n	•	!	• \$	<u> </u>		
Par (a) N	Complete if th	e organization	answered "Ye ount on Form ! (c) Purpose of	s" on F 990, Pa (d) Los fron			2.  nali	6) Balance due	,	rt IV,	(ba) Ap	eproved	Ø,₩	hitten ment?
				То	Finom	!			Yes	No	Yes	No	Yes	No
(1)	Jamie Eichman	Board Member	ins. deposit	1		19	00.00	100,00 1000:00		1	1		1	
(2)														
(3)						}			-	<u> </u>				
(4)				1										
(5)		1		1	1				Ĺ					
(6)					1					<u></u>	<u> </u>			
(7)				<u> </u>	1					<u> </u>				
(8)				<u> </u>										
_(9)														<u> </u>
(10)		<u> </u>			<u> </u>	i		<u> </u>						
Total Par	Grants or As	sistance Bene	fiting Interest answered "Ye	ed Per	sons.			\$ 1000.00 7.			ata de coro		di di	
	) Name of interested person		ship between inter and the organization		c) Amount	t of assistance	<u> </u>	(d) Type of assistanc	e	(е	) Purpo	ose of a	ssistan	IC <del>O</del>
(1)							<u> </u>	<del></del>						
(2)							<u> </u>							
(3)										<u> </u>				
(4)										L				
(5)														
·(6)							<u> </u>							
(7)							<u> </u>			<u> </u>				
(8)		1		1			1			1				

	Complete if the organization (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organn	aring of zation's nues?
(1) (2) (3) (4) (5)	<b>/</b>			Yes	No	
(3)			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
(5)					1	
(6)	· · · · · · · · · · · · · · · · · · ·			<u>.                                    </u>		
(7)						
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Part V	Supplemental Information Provide additional information	r on for responses to questions	on Schedule L (see	instructions).		
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					<b>-</b> -	
	<u></u>					
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