Short Form

Return of Organization Exempt From Income Tax

2017

OMB No 1545-1150

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

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For the	2017 calendar year, or tax year beginning , 2017, and ending	, 20
В	Check if a	pplicable C Name of organization	D Employer identification number
	Address	- greato to a praction while a group	81-5075704
Ļ	Name ch		E Telephone number
K	Initial reti	400 WAYNE AVENUE	(937) 910-7500
-	Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption
	i	on pending DAYTON, OH 45410	Number ►
G	Accoun	ting Method ☐ Cash ☑ Accrual Other (specify) ► H C	Check ▶ ☑ if the organization is not
1	Website		equired to attach Schedule B
J	Tax-exe	mpt status (check only one) — ☑ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 (l)	Form 990, 990-EZ, or 990-PF)
		forganization Corporation Trust Association Other	
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	nstructions for Part I)
5		Check if the organization used Schedule O to respond to any question in this Part I	
⋖	1	Contributions, gifts, grants, and similar amounts received	1
2	2	Program service revenue including government fees and contracts	2
SCANNEL	3	Membership dues and assessments	3
2	4	Investment income	. 4
4 5	- 5a	Gross amount from sale of assets other than inventory ,	
W.	- b -	Less: cost or other basis and sales expenses	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
ø	a	Gross income from gaming (attach Schedule G if greater than	
Revenue		\$15,000)	
eve	Ь	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the	· · · ·
ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	and the same of th
	Q Q	Less: direct expenses from gaming and fundraising events . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract
	"	line 6c)	6d
	7a	Gross sales of inventory, less returns and allowances	
) 'b	Less' cost of goods sold	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	70
	В	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 0
	10	Create and amiles amounts mad (list in Cabadula O)	10
	11	Benefits paid to or for members	/ai
S	12	Salaries, other compensation, and employee benefits	8 / 51/2
uš	13	Professional fees and other payments to independent contractors L	/ <\//>/ 13_\
Expenses	14	Occupancy, rent, utilities, and maintenance	/14
ũ	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	16
	17	Total expenses. Add lines 10 through 16	. ▶ 17 0
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with ['
As		end-of-year figure reported on prior year's return)	19
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. • 21 0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)



						_
	990-EZ (2017)					Page 2
Pa	Balance Sheets (see the instructions			D. 4.0		
	Check if the organization used Schedule	e O to respond to a	iny question in this		, · ·	(B) 5-d - (1)
00	Out and the second			(A) Beginning of year	loci	(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		}		24	T V a
25	Total lightifier (december 2 Cabadula C)				25	X ₀
26	Total liabilities (describe in Schedule O)				26 27	
27	Net assets or fund balances (line 27 of column Statement of Program Service Accom				271	0
- (-)	Check if the organization used Schedule	•		•	l	Expenses
Mha	t is the organization's primary exempt purpose?		or Educational Purpo		(Req	uired for section
Desc as n	eribe the organization's program service accompletes are accompleted by expenses. In a clear and concise nons benefited, and other relevant information for e	ishments for each on manner, describe th	of its three largest p	program services,		c)(3) and 501(c)(4) nizations, optional for rs)
28						1
					ļ	
	(Grants \$) If this amount	t includes foreign gra	ants check here	> []	28a	
29	(Crams w) It this amount	includes loreign gre	arits, creck here	<u>- </u>	200	-
	(Grants \$) If this amount	includes foreign gra	ants, check here	. ▶ 🗍	29a	
30						
	(Grants \$) If this amount	includes foreian ara	ants check here .	. ▶ □	30a	•
31	Other program services (describe in Schedule O)			· ·		
	the state of the s	includes foreign gra	ants, check here	▶ □	31a	
32	Total program service expenses (add lines 28a			🕨	32	
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	h one even if not com	pensated—see the ir	nstruc	tions for Part IV)
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/109S-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	0	Estimated amount of their compensation
Vilbu	rt Shanklin			Ţ		
Presi	dent	0	0		0	0
3rian	Dershem		F			-
/ice-	President	0			0	0
jenni	fer N. Heapy]		-		
Secre	tarv	<u> </u>	0		o	0
ısa f	1cCarty					
reas	urer	0	0		0	0
Chris	opher Green	j	}		1	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in thi	s Part	V .	
			Yes	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		1
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	65.		,
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		¥_
b	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,	350	-	
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
	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		,
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		1	···.
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		· V
39	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b Section 501(c)(7) organizations. Enter	-		
25 2	Initiation fees and capital contributions included on line 9	,		,
b	Gross receipts, included on line 9, for public use of club facilities			.5 .
40a	Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		. 2,.	=
	section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0	0.25 -		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1	74 6 44	
	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		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	- 4 =	73.4	
	on organization managers or disqualified persons during the year under sections 4912,		ا رق شرید	
	4955, and 4958	1	****	j
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
ε	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	5.5.	<u> </u>	
_	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ OHIO			
42a		937) 9	10-751	8
	Located at ► 400 WAYNE AVENUE DAYTON OHIO ZIP + 4 ►	454		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶	***************************************		ii.
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	-		
	Financial Accounts (FBAR)	40-		`,
	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	1	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		\$	-
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440	.	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		<u> </u>
	completed instead of Form 990-EZ	44b		./
	Did the organization receive any payments for indoor tanning services during the year?	44c		- /
	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		-
	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		ļ	
	Form 990-F7 (see instructions)	156	- 1	./

Form 9	90-EZ (2017)						Р	age 4			
	T.						Yes	No			
46	Did the organization engage, directly or ii										
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46		1			
Part	VI Section 501(c)(3) organizations	s only				-					
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines										
	50 and 51.	·		·	·						
	Check if the organization used Sc	hedule Ó to respond	to any question	in this Part VI							
							Yes	No			
47	Did the organization engage in lobbying		section 501(h) ele	ction in effect	during the	tax					
	year? If "Yes," complete Schedule C, Par					. 47		_			
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Schedule E		. 48		_ ✓			
49a		. 49a		✓							
ь	If "Yes," was the related organization a se					. 49ხ					
50	Complete this table for the organization's							d key			
	employees) who each received more than	n \$100,000 of comper	nsation from the o	rganızatıon. If tl	nere is none	e, enter "N	one "				
		(b) Average	(c) Reportable	(d) Health							
	(a) Name and title of each employee	hours per week	compensation	contributions benefit plans,		(e) Estimate other com					
		devoted to position	(Forms W-2/1099-MI	SC) comper		· · · · · · · · · · · · · · · · · · ·					
	NONE		 								
					-						
]								
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					-		-				
					-						
					į						
51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organization (a) Name and business address of each independ	s five highest compe nization. If there is no	ensated independe			received		than			
	(a) Name and business address of each independ	ent contractor	(b) Type of	Service	(0)	Compensatio					
	NONE										
						-					
			•								
				ļ							
				- }							
đ	Total number of other independent contract	ctors each receiving o	over \$100,000	▶							
52	Did the organization complete Schedul	ie A? Note: All sed	ction 501(c)(3) or	ganizations m	ust attach	a					
	completed Schedule A					► ✓ Yes	□N	io			
Jnder pe	nalties of perjury, I declare that I have examined this re	eturn, including accompany	ing schedules and state	ements, and to the	best of my kno	wledge and	belief, i	t is			
	ect, and complete Declaration of preparer (other than						•				
	May mg	ALL		· 1							
Sign	Signature of officer	Da									
lere	LISA MYAN	<i>a</i> 0	FO		5	121/1	8				
	Type or print name and title	7				• •					
	Print/Type preparer's name	Preparer's signature		Date		, PTIN					
Paid					Check I	ıf					
repa)	<u></u>			· · · · · ·	~					
Jse O					s EIN ▶	-					
lav the	Firm's address > RS discuss this return with the preparer	shown above? See in	structions	Phor	e no	☐ Yes	ΠN				
	disease the folding with the preparer	above: 066 III		<u> </u>	<u> </u>	⊥ res		<u> </u>			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

lame	of the organization					Employer identification	number		
NVICTUS DEVELOPMENT GROUP					81-5075704				
Par	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
he c	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3									
4	·								
_	hospital's name, city, and state:								
5	Carried and a construction of								
_	section 170(b)(1)(A)(iv). (Com	•							
6	A federal, state, or local gover								
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	the general public		
_				D+ 11.)					
8 9	A community trust described i					and the state of			
9	An agricultural research organ or university or a non-land-gra								
	university:	in conege of agr	iculture (see instruction	Jiis). Liite	i the nan	ie, city, and state of	the college of		
10	An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	outions, membershi	o fees, and gross		
	receipts from activities related	to its exempt fu	nctions—subject to c	ertain exc	ceptions.	and (2) no more tha	n 33¹/₃% of its		
	support from gross investmen acquired by the organization a	t income and un ifter June 30-19	related business taxal 75. See section 509 (a	ble incom	16 (less se molete Pa	ection 511 tax) from	businesses		
11	An organization organized and								
12	An organization organized and						ry out the purposes		
	of one or more publicly suppo								
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	oporting o	organizatı	on and complete line	es 12e, 12f, and 12g		
а	Type I. A supporting organ								
	the supported organization					he directors or trust	ees of the		
	supporting organization. Y								
b	☐ Type II. A supporting orga								
	control or management of				persons	that control or man	age the supported		
	organization(s). You must			,					
С	Type III functionally integ its supported organization						ally integrated with,		
					•	· ·			
d	Type III non-functionally integrated that is not functionally integrated.								
	requirement (see instructio						d an attentiveness		
е	☐ Check this box if the organ						all Type III		
	functionally integrated, or						z II, Type III		
f	Enter the number of supported of						🗀		
g	Provide the following information		orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
			,	<u> </u>			,		
				Yes	No				
A)									
				 	<u> </u>				
B)		ļ		}	İ				
				 					
C)				l					
ים 				<u> </u>					
D)									
E)									
<u>-,</u>									
		1		•					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Tax revenues levied for the			-		0				
2	organization's benefit and either paid to or expended on its behalf.					0	0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge					0	0			
4	Total. Add lines 1 through 3					0	0			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
_	shown on line 11, column (f)		,				0			
6	Public support Subtract line 5 from line 4					<u> </u>	<u>0</u>			
	ion B. Total Support	(*) 00*0	(h) 001 (- 2015	1	1	IC Total			
7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	ie) 2017	(f) Totai			
8	Gross income from interest dividends.					0	0			
	payments received on securities loans, rents, royalties, and income from similar sources					0	0			
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	0			
70	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					0	0			
11	Total support. Add lines 7 through 10						0			
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	0			
13	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)			
	organization, check this box and stop her	re					▶ ☑			
Secti	on C. Computation of Public Support	t Percentage	9							
14	Public support percentage for 2017 (line 6	i, column (f) div	vided by line 1	1, column (f))		14	%			
15	Public support percentage from 2016 Sch					15	%			
16a	331/3% support test-2017. If the organization					$3^{1}/3\%$ or more, o	check this			
	box and stop here. The organization quali	•		_						
5	331/s% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/s% or more check this box and stop here. The organization qualifies as a publicly supported organization									
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
ь										
18	Private foundation. If the organization did instructions	l not check a b		16a, 16b, 17a,		this box and so	ee . ► [