Form **990** 

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

OMB No. 1545-0047

2016

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

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Department of the Treasury	
Internal Revenue Service	

Open to Public

A	For the	1 The state of the second			100	inspection
<u>~</u>			16, and ending			, 20 17
В		applicable C Name of organization DePaul Industries		———I <sup>D</sup>	Employer	ridentification number
片	Address		Room/suit			93-0607857
	Name cha	- I	e E	Telephone	number	
$\sqcup$	Initial retu					503-281-1289
$\sqsubseteq$	Final return	City or town, state or province, country, and ZIP or foreign postal code				
	Amended	return Portland, OR 97211		G	Gross rec	eipts \$ 16,180,115
	Application	on pending F Name and address of principal officer. Thomas R Horey	- 1	H(a) Is this a group	return for su	bordinates? Yes Vo
		4950 MLK Jr Blvd., Portland, OR 97211	14	H(b) Are all sub	ordinates i	ncluded? Yes No
!	Tax-exem	ppt status	or (🗀/527//			st. (see instructions)
J	Website:	· · · · · · · · · · · · · · · · · · ·		H(c) Group ex	emption n	umber ▶
$\overline{K}$	Form of or		Year of formation			f legal domicile OR
	art I	Summary		1071		- regul derinana OK
_	_	Briefly describe the organization's mission or most significant activiti	ies: The org	anization prov	ides reh	ahilitation
ė	1	ob placement services and employment for people with disabilities.	1110 079	aniization prov	1403 1011	
Governance	,	ob placement services and employment for people with disabilities.				
Ĕ	2 7	Check this box ▶☐ if the organization discontinued its operations or	r dienoeed (		50/ of it	s net assets.
Š		Number of voting members of the governing body (Part VI, line 1a).			1 . 1	s nei asseis.
ري مح		Number of independent voting members of the governing body (Part VI, line 1a).			3	8
Se					4	8
Activities &		Total number of individuals employed in calendar year 2016 (Part V, I	iine 2a) .		5	1130
Ę		Fotal number of volunteers (estimate if necessary)			6	8
⋖		Total unrelated business revenue from Part VIII, column (C), line 12		• • •	7a	0
	b l	Net unrelated business taxable income from Form 990-T, line 34 .	· · · ·	<u></u> .	7b	0
<b>⊉</b> D				Prior Year		Current Year
າ <b>ອ</b>	1	Contributions and grants (Part VIII, line 1h)	27	76,395	38,685	
Revenue	9 F	Program service revenue (Part VIII, line 2g)	الات	48	31,196	271,563
ě	10 I	nvestment income (Part VIII, column (A), lines 🞏 andլ7d) դ. թ. ջնդ		2,387	272	
<b>a</b> .	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,27	6,380	9,715,584
	12	Fotal revenue—add lines 8 through 11 (must equal Part:VIII, column-(A)	), line (\$2)		86,358	10,026,104
		Grants and similar amounts paid (Part IX, column (A) lines 123)	]		0	0
		Benefits paid to or for members (Part IX, column (A), line 4)			0	0
s		Salaries, other compensation, employee benefits (Part IX, column (A), line	es 5–10)	- 4,70	5.803	3,693,364
Jse	ı	Professional fundraising fees (Part IX, column (A), line 11e)			0	0,000,001
Expenses	I	Total fundraising expenses (Part IX, column (D), line 25) ▶	3.5	18.1 Go		( ) 4 m m m m m m m m m m m m m m m m m m
Ñ.	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	.,,	4,229	-219,096
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line	25)		0,032	3,474,268
		Revenue less expenses. Subtract line 18 from line 12	, <u>, , , , , , , , , , , , , , , , , , </u>		3,674	
_ s		tevende lede expenses. Odbitaet inte 16 from inte 12	Be	ginning of Curre		886,725 End of Year
ts o	20 1	otal assets (Part X, line 16)	<u> </u>			·
Lsse Bala	20 1	·	· · · ⊢		08,099	9,610,461
Net Assets or Fund Balances	21 7	Total liabilities (Part X, line 26)	· · ·		5,083	5,747,916
_		Net assets or fund balances. Subtract line 21 from line 20	· · · ·	-2,62	6,984	3,862,545
	irt II	Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying sched and complete. Declaration of preparer (other than officer) is based on all information of v				knowledge and belief, it is
	7, 55551,		Time proparet		- /- <b>6</b>	/- <u>-</u>
Sig	_	Signature of officer		Date	124	<b>7</b>
_				Date		
Hei		THOMAS R HOREY CFO				
		Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name	Date	,		IDTIN
Pai	id	Print/Type preparer's name Preparer's signature	Date	10	Check [	,
Pre	eparer			!	self-emplo	yea
	e Only			Firm's 8	EIN ►	
		Firm's address ▶		Phone i	no.	
May	the IRS	discuss this return with the preparer shown above? (see instruction	ns)	<u> </u>	· · ·	Yes No
For	Paperwo	ork Reduction Act Notice, see the separate instructions.	Cat. No.	11282Y		Form <b>990</b> (2016)

	90 (2016) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
•	The organization provides rehabilitation, job placement services and employment for people with disabilities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
·	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,474,268 including grants of \$ ) (Revenue \$ 4,360,993)  DePaul Industries provides training and employment opportunities for people with disabilities. Operations consist of the following:  Services: The organization operates temporary staffing employment businesses in Portland, Salem and Eugene Oregon,
	Bremerton, Washington, Sierra Vista, Arizona, Baltimore, Maryland and Delaware. It also operates an unarmed security guard service.
	Consumer Products: The organization assembles materials for the federal government.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
	······································
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ including grants of \$ ) (Revenue \$)
4e	Total program service expenses 1 230 441

BADJOR

Part	Checklist of Required Schedules			
	Leather accomplished in accident FOR/aVO) on 40.47/aV(4) (ather them a private foundation) of 60.00		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	2	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		•
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			がない
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
		For	<sub>n</sub> 990	(2016

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<b>✓</b>
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		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>√</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>→</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>·</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	/	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓_	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b 36	✓	<b>-</b>
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,			
38	Part VI	37		<b>✓</b>
	10. Hotel, in . Shir dod more the required to complete concease of	<u> </u>	<u> </u>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	]	, , , , , , , , , , , , , , , , , , ,	]. •
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,'-	١.
	Statements, filed for the calendar year ending with or within the year covered by this return  1130	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓_	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		· -=	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	ļ	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	- Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			`
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	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).			, , '
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			للنب
L	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7.		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	$\neg$	<del>、</del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		•	,
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		,	
а	Initiation fees and capital contributions included on Part VIII, line 12	_		.' .
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders		. '0	
b	Gross income from other sources (Do not net amounts due or paid to other sources	~~ \	**	811 i
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		`
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			•
а	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	
b	Enter the amount of reserves the organization is required to maintain by the states in which	]	. !	•
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struci	
Soot	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	<u>. Ц</u>
Seci	ion A. Governing Body and Management		l V	LNa
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	* \ 24	Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		<b>V</b>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		√ √
6 7a	Did the organization have members or stockholders?	6		1
b	one or more members of the governing body?	7a		<b>✓</b>
8	stockholders, or persons other than the governing body?	7b		, ,
a b	The governing body?	8a 8b	1	,
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>V</b>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	- do 1	<u> </u>
<u>oecu</u>	on b. Folicies (This Section B requests information about policies not required by the internal never	ue Co	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			·
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		<b>✓</b>
13	Did the organization have a written whistleblower policy?	13		<b>√</b>
14 15	Did the organization have a written document retention and destruction policy?	14	- ' ;	*
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	·	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	▼	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100	T ; 1	7
ь	with a taxable entity during the year?	16a		1
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	*	
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► OR  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest į	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red Thomas R Horey 4950 NE MLK Jr Blvd, Portland, OR 97211 503-281-1289	ords:	<b>&gt;</b>	

Form	990	(201	6)

Page **7** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, unless person is both an urs per officer and a director/trustee)				e than o	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kelly Rupp	12									
Chairman		1								
(2) Kevin White	2									
Vice-Chairman		1								
(3) Jim Kehoe	2									
Secretary		✓								
(4) Bill Keenan	2	1								
(5) Jim Higgs	2	1								
(6) Silvia Dorado	2	<b>√</b>								
(7) Amina Fisher	2	1								
(8) Dennis Doherty	2	1								
(9) Travis Pearson	40									
CEO				✓				187,733		
(10) Thomas R Horey CFO	40			<b>✓</b>				119,167		
(11) Katy Daughn	40									
CAO		1		1				117,367		
(12) Abby Bush	40							1.1.7.0.		
3		1				✓		123,165		
(13) Phillip Zerzen	40					1		118,580		
(14) David Paglia	40					,				
<u> </u>	<u> </u>	l	نــــا	Щ.	Ц			113,657		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(C)											
	(A)	(B) Position (do not check more than or							one (D) (E)			(F)
	Name and title	Average	Average box, unless person is both						Reportable	Reportat		Estimated
		hours per week (list any	office	rand		irect	or/trus	<del>,</del> -	compensation from	compensatio related		amount of other
		hours for	일절	Inst	Officer	<u>\$</u>	활돌	ο̈	the	organizati		compensation
		related		ı.	icer	Key employee	Pes	Former	organization	(W-2/1099-N	AISC)	from the
		organizations below dotted	or	ion;		뒇	8 8	`	(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	t i		yee	ਡ					organizations
			e e	Institutional trustee			Highest compensated employee					
				· ·		L_	8	L				
(15) Ba	artholomy Berry	40										
	·						✓	<u> </u>	112,961			
(16) La	rry Welty	40					١.					
		<del> </del>					1		105,853			
(17)												
(#.0)			-			<u> </u>	<b> </b> -	-	<del></del>			
710)												
(19)								-				
713		<b></b>										
(20)		<u> </u>		$\vdash$			<del> </del> -	-				
<u> </u>												
(21)								_				
N-17	***************************************											
(22)										-		
(23)												-
				$\Box$				<u> </u>				
(24)												
						Щ						
(25)												
		L						Ļ.				
1b	Sub-total								998,483			
С	Total from continuation sheets to Part			•	-		-	<b>•</b>				
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	998,483			
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w		ore than \$1	00,000	of
	reportable compensation from the organi	zation -							8_	=		1 1
3	Did the organization list any former of	ficer direct	tor o	r tri	uete	20	kev e	mn	lovee or high	est compe	nested	Yes No
•	employee on line 1a? If "Yes," complete S											3
4	For any individual listed on line 1a, is the										om the	<del> </del>
•	organization and related organizations											
									·			4 1
5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fror	n any	un	related organiz	ation or inc	lividual	The same of the sa
	for services rendered to the organization?	? If "Yes," c	omple	ete S	Sch	iedu	ıle J f	or s	uch person			5 1
Section	n B. Independent Contractors											
1	Complete this table for your five highest of											
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	ar y	ear ending wit	h or within	the org	anization's tax
	year.											
	(A)								(B) Description of s			(C) Compensation
	Name and business add	ess						<u> </u>	Description of s	el vices		
								_	<del></del>			
			-									
									<del></del>			
2	Total number of independent contracto	rs (ıncludin	ig bu	t no	ot I	imit	ed to	th	ose listed abo	ove) who		
_	received more than \$100,000 of compens								0			•

rait VIII		Check if Schedule O contains a response or note to any line in this Part VIII									
	• ,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ts ts	1a	Federated campaign	s 1a	1	F			,			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .					•				
Q E	C	Fundraising events .					1 Mr. Marin Paris				
Gifts, ilar An	d	Related organizations					~				
2 5	e	Government grants (cor		-							
Sir	f	All other contributions, g	nifts grants					, .`			
호호	'	and similar amounts not in	cluded above 1f	20.605		. ,					
ള	g	Noncash contributions inclu	L	38,685		- H					
Contributions, and Other Sim	h	Total. Add lines 1a-1			38,685		, .	₹ .			
	<del>'''</del>	Total: Add lines 1a-1	<u> </u>	Business Code	30,003	,		, , , , , , , , , , , , , , , , , , ,			
<b>E</b>	2a	Government Contracts	•	900099	271 562	271,563	<del></del>	)			
ě	b		**	900099	271,563	2/1,563					
-8	C										
Ž	ď							-			
Š	<u> </u>										
Program Service Revenue	f	All other program ser				-					
õ	g					29 1	<del></del>	<u> </u>			
	3	Total. Add lines 2a-2 Investment income			271,563						
		and other similar amo									
	4	Income from investmen	•		272			272			
	5		•	•				_			
	J	noyames	(i) Real	(ii) Personal	12/ 12 -	1					
	6a	Gross rents	(7)	(4)							
	b	Less: rental expenses		<del> </del>							
	C	Rental income or (loss)									
	ď	Net rental income or	(loss)	<u> </u>			~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				
	7a	Gross amount from sales of	(i) Securities	(II) Other		} - •		<del> </del>			
		assets other than inventory		<del>                                     </del>	, j	,		:			
	b	Less: cost or other basis				. ,		,			
	_	and sales expenses .									
	С	Gain or (loss)			. , ., .						
	d	Net gain or (loss) .	L	<u>'</u> ▶	<u> </u>			<del></del>			
	u	iver gain or (1033) .		<u> </u>	7 27, 5		<del></del>	<del> </del>			
e	8a	Gross income from fu	ındraising		gr to the state of			,			
ē	-	events (not including \$				- 1 × 1 × ×					
ev.		of contributions reporte	ed on line 1c).			1 27. 3		,			
7		See Part IV, line 18 .									
Other Revenue	b	Less: direct expenses		-	H.	, ,					
0		Net income or (loss) f									
		Gross income from ga									
			a		2 11	,					
	b	Less: direct expenses	s <sup></sup> , -, -, - <b>b</b>		The second second	24 x 42 1 1 41 41 41	1				
	С	Net income or (loss) f		ivities >							
	10a	Gross sales of in	ventory, less			, , , , , , , , , , , , , , , , , , , ,	,				
		returns and allowance	es a	15,868,792			. •				
,	b	Less: cost of goods s				10	,	· .			
	C	Net income or (loss) f			4,049,670	4,049,670		]			
Ì		Miscellaneous R		Business Code		1,4.1					
	11a	Miscellaneous Revenu	e		803	803		1			
	b	Bankruptcy fresh start			5,665,111	5,665,111					
	С										
i	d	All other revenue .									
	е	Total. Add lines 11a-	·11d	>	5,665,914						
	12	Total revenue See in	netructions	•	10 026 104	0 007 147					

# Form 990 (2016) Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	All other organization	ns must complete co	olumn (A).						
Check if Schedule O contains a response or note to any line in this Part IX											
	t include amounts reported on lines 6b, 7b, , 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 and domestic governments. See Part IV, line 21			A CANA A	ž.						
2	Grants and other assistance to domestic individuals. 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			A Comment of the Comm							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	424,267		424,267							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	424,201		727207							
7 8	Other salaries and wages	2,882,435 -7,552	2,097,079	785,356 -7,552							
9	Other employee benefits	214,385	180,700								
10	Payroll taxes	179,829	75,317	104,512	ļ						
11	Fees for services (non-employees):										
а	Management										
b	Legal				<u> </u>						
C	Accounting	205,003		205,003							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17		My to Break given to		<u> </u>						
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion	8,633	6,329	2,304							
13	Office expenses	45,347		27,000							
14	Information technology	57,255	825	56,430							
15	Royalties	51,255									
16	Occupancy	328,380	183,855	144,525							
17	Travel	110,968		24,974							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	2,732	212	2,520							
20	Interest	369,244		369,244							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	78,271		49,599							
23	Insurance	148,845	90,852	57,993	֥ ,						
24	Other expenses. Itemize expenses not covered	Start Start									
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	The state of the s	大学 シント おかり かいかい	Harly & Tory	1777 - 1 - 17 24 4 1 Y						
	(A) amount, list line 24e expenses on Schedule O.)	· · · · · · · · · · · · · · · · · · ·	Garage Contract								
а	Pank Fone		be body to have the	79,737	<u>'</u>						
b	Dalik rees	79,737		19,131							
C											
d											
e	All other expenses	-1,653,511	-1,537,741	-115,770							
25	Total functional expenses. Add lines 1 through 24e	3,474,268									
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 following SOP 98-2 (ASC 958-720)										

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	308,054	1	285,630
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,332,342	4	5,574,215
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			-
	6	Complete Part II of Schedule L	The state of the s	5	• • • • • • •
ţ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	360,314	8_	29,611
	9	Prepaid expenses and deferred charges	165,757	9	172,396
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	928,776	10c	3,545,804
	11	Investments—publicly traded securities	4,074		2,805
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,752	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,108,099	16	9,610,461
	17	Accounts payable and accrued expenses	4,386,477	17	3,384,311
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	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	
<u>ia</u>	00	·		23	
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	5,348,606	24	2,363,605
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	9,735,083	26	5,747,916
ces		complete lines 27 through 29, and lines 33 and 34.	,	ļ	
<u>a</u>	27	Unrestricted net assets	-2,626,984	27	3,862,545
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	S The state of the	,	the and the state of the state of
ts	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	-2,626,984	33	3,862,545
_	34	Total liabilities and net assets/fund balances	7,108,099	34	9,610,461
					Form <b>990</b> (2016)

Par	ar	1	2

0,,,,	50 (E514)		г	ayo ı 🕰
Par	IXI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		10,0	26,104
2	Total expenses (must equal Part IX, column (A), line 25)		3,4	74,268
3	Revenue less expenses. Subtract line 2 from line 1		6,5	<u>51,836</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		-2,6	26,984
5	Net unrealized gains (losses) on investments	<u> </u>		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		-	62,307
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		3,8	62,545
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<del></del>	<del>;                                    </del>
		_	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	-		\ \\ \; \; \ '
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1	ية . ين	34.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<u> </u>	<b>V</b>
	reviewed on a separate basis, consolidated basis, or both:	<b>'</b>  .	1.	ξ.,
	·		200	
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	. 2b	17	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		<del>'   * -</del>	
	separate basis, consolidated basis, or both:	*		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	ıt	-	
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain in		<del>  `</del>	
	Schedule O.		2 .	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n	~	
	the Single Audit Act and OMB Circular A-133?	. За	.	<b>/</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e 🗀		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	, [	
		Fr	rm <b>99</b> (	(2016)
				,

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

_	aul Industries	:1 O1 1 (A1			<del></del>	93-06	07857			
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3										
4	A medical research organization						(iii). Enter the			
-	hospital's name, city, and stat		,	<b>J</b>			(). =			
5										
6	A federal, state, or local gover	nment or govern	nmental unit described	d in <b>secti</b>	on 170(b)	)(1)(A)(v).				
7	An organization that normally described in section 170(b)(1)	receives a subs (A)(vi). (Comple	stantial part of its sup ite Part II.)	port fron	n a gover	nmental unit or fron	n the general public			
8	A community trust described in	n section 170(b	)(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agi	riculture (see ınstructio	ons). Ente	er the nan	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fut tincome and un	inctions—subject to c irelated business taxa	ertain ex- ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/3% of its			
11	☐ An organization organized and		•		•	,				
12	☐ An organization organized and						rry out the purposes			
	of one or more publicly support	orted organizatio	ons described in sect	ion 509(a	a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).			
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sur	oporting o	organizatı	on and complete line	es 12e, 12f, and 12g.			
а										
	the supported organization supporting organization. Y					the directors or trust	ees of the			
b	_ ; ;									
	control or management of organization(s). <b>You must</b>	complete Part I	V, Sections A and C	•	•		.,			
С	Type III functionally integ its supported organization(						ally integrated with,			
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructional)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an				
е		ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III			
f	Enter the number of supported of	• •	· · · · · · ·							
g										
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)			
				Yes	No					
(A)			*****							
····										
(B)										
(C)										
(D)										
(E)										
Total		and the second	The state of the state of	(1.0 m.) 10 m.	, , , , –					

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the				-	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			,	,		
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.")					<i>"</i>	,
•		<u> </u>			-		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities					2	
	furnished by a governmental unit to the	l					
	organization without charge				1		
4	Total. Add lines 1 through 3	,			1/		
5	The portion of total contributions by	The state of the s	1. 2 m. 3. C. J. c.	Property of	5° 10.7		
5	each person (other than a	1					
	governmental unit or publicly		<b>经过分外</b> 点。	经验的证明	The state of the	. •	
	supported organization) included on		1442		1. 78 (		
	line 1 that exceeds 2% of the amount	Charles of	R Barrell				
	shown on line 11, column (f)			The state of the s			
6	Public support. Subtract line 5 from line 4	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	TEL THE ENDING	Part of the state of	<b>37.</b> 73.	,	
Secti	on B. Total Support			/			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 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,					ı.	
	rents, royalties and income from similar						
	sources		/				
9	Net income from unrelated business	/	ľ				
	activities, whether or not the business	/					
	is regularly carried on			<u> </u>	l l		
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	1					i
11	, .	W. Berthe		4 55 SY			
12	Gross receipts from related activities, etc			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F 36 C 34 5 75	12	<u> </u>
13	First five years. If the Form 990 is for the			d. third. fourth	or fifth tax ve		n 501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor			<del></del>		· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2016 (line			1, column (f))		14	%
15	Public support percentage from 2015 Sci					15	%
16a	331/3% support test - 2016, /if the organi	zation did not	check the box	x on line 13, a	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organi						nore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🟲 🔲
17a	10%-facts-and-circumstances test - 2	<b>016.</b> If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and/if the organization me	eets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here	. Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization . /						🕨 🗆
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r				The organizati	on qualifies as	a publicly
	supported organization						🟲 🔲
18	Private foundation. If the organization di						see
	instructions	· · · ·	· · · · ·				🟲 📋
					Sch	edule A (Form 99	0 or 990-EZ) 2016

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

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

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

Section A. Public Support

<b>Secu</b>	on A. Public Support						
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.")	198,986	363,665	157,339	276,395	38,685	1,035,070
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	21,170,769	20,149,371	19,691,857	18,622,290	16,140,355	95,774,642
3	Gross receipts from activities that are not an	·					_
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			,	ĺ		
	organization without charge						
6	Total. Add lines 1 through 5	21,369,755	20,513,036	19,849,196	18,898,685	16,179,040	96,809,712
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					J	
	received from other than disqualified					İ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	10,543,189	12,687,191	12,603,906	11,388,468	10,213,832	57,436,586
_	Add lines 7a and 7b	10,543,189	12,687,191	12,603,906	11,388,468	10,213,832	57,436,586
8	Public support. (Subtract line 7c from	4 7 4 7 4 7 5 1 1 1 1 1			表得3V。2007年		
	line 6.)	A-10.2	SAN MERIKALIAN	<b>企业。在第一上等</b>	BART WILL ST	of 430 200	39,373,126
	on B. Total Support		71.0010		( 0 00 ( 5 )	( ) 00/0	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	21,369,755	20,513,036	19,849,196	18,898,685	16,179,040	96,809,712
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	· ·	186,217	200,303	3,426	2,387	272	392,605
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975			•			
_	Add lines 10a and 10b	100.017	200,303	3,426	2,387	272	392,605
11	Net income from unrelated business	186,217	200,303	3,420	2,367	212	392,603
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on					Į.	
12	Other income. Do not include gain or						
12	loss from the sale of capital assets	·					
	(Explain in Part VI.)	178,797	94,453	37,987	44,181	803	356,221
13	Total support. (Add lines 9, 10c, 11,	170,737	34,400	37,007	44,101		000,221
	and 12.)	21,734,769	20,807,792	19,890,609	18,945,253	16,180,115	97,558,538
14	First five years. If the Form 990 is for the	ne organization					
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3, column (f))		15	40.4 %
16	Public support percentage from 2015 Sch					16	55.0 %
	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2016 (	line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	.40 %
18	Investment income percentage from 2015					18	.52 %
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz	ation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a l	hox on line 14	. 19a, or 19b, o	heck this box	and see instruc	ctions 🕨 🗌

### Part IV Su

### **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.)

Se	ction	A. Ali	Support	ina Oraa	anizations

- 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 II 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Pari	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			٠, ر١
а	, , , , , , , , , , , , , , , , , , , ,			
	below, the governing body of a supported organization?	11a		<u>.                                    </u>
b		11b		<u> </u>
	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
Seci	ion B. Type I Supporting Organizations		V	LNI
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ	,	
	controlled the organization's activities. If the organization had more than one supported organization,	]	ं टु	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	3 .~	* * * *	<b>*</b> ` ` ` ` .
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	,	7,	,,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u>l</u> :
	supervised, or controlled the supporting organization.	2	<u></u>	
Sect	ion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		4	
	or management of the supporting organization was vested in the same persons that controlled or managed	Į.		, , ,
	the supported organization(s).	1	L	
Sect	ion D. All Type III Supporting Organizations	<u> </u>	L	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		٠,	41 .
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	'		0.1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	. '		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	İ	l	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ساء	
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		29/5
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	. ,		<b>₩</b> ξ',
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		2	
	supported organizations played in this regard.	3	_ 1. L	-1446-
Sect	ion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	netru	ction	e)
	The organization satisfied the Activities Test. Complete line 2 below.	115010	00,0,,	٠,.
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
				<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,		, '	ļ <sup>.</sup>
	how the organization was responsive to those supported organizations, and how the organization determined			.,
	that these activities constituted substantially all of its activities.	2a	24.22	·
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<b></b>	-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	}	}	'
	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.		,	
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		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		1

Schedule A	(Form	990 or	990-EZ)	2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	张元·		, 7m '
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		·
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1	The same of the sa	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del></del>
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		······································
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	The state of the s	
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	2740 M. 375 M. 3	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	T	PARTIE STATE TO	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	organization (see

1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations have expenses paid to accomplish exempt purposes of supported organizations organizations paid to acquire exempt-use assets 6 Qualified set-aside amounts (prior IRS approval required) 8 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6 2 (reasonable cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: a   C   From 2013   C   From 2014   C   From 2015   f Total of lines 3a through e g Applied to underdistributions of prior years happied to 2016 distributable amount i C arryover from 2011 not applied (see instructions)  1 Distributions for 2016 from Section D, line 7:		zations (continued)	<ol><li>Supporting Organi</li></ol>		Part			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pror IRS approval required) 6 Other distributions (describe in Part VI), See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2016 from Section C, line 6 1 Underdistributions, if any, for years prior to 2016 2 (reasonable cause required – explain in Part VI), See instructions. 3 Excess distributions carryover, if any, to 2016: a   Comparison of the Comparison of Property of Section C, Inderdistributions (property of Section C), Inderdi	Current Year	ection D - Distributions						
organizations, in excess of income from activity  3. Administrative expenses paid to accomplish exempt purposes of supported organizations  4. Amounts paid to acquire exempt-use assets  5. Qualified set-aside amounts (prior IRS approval required)  6. Other distributions (secroise in Part VI). See instructions.  7. Total annual distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributable amount for 2016 from Section C, line 6  10. Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1. Distributable amount for 2016 from Section C, line 6  2. (reasonable cause required—explain in Part VI). See instructions.  3. Excess distributions carryover, if any, to 2016:  a. (reasonable cause required—explain in Part VI). See instructions.  a. Excess distributions carryover, if any, to 2016:  a. (reasonable of the prior to 2016 from 2014 from 2014 from 2014 from 2014 from 2014 from 2014 from 2015 from 2015 from 2015 from 2015 from 2015 from 2015 from 2016 from 201								
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2016 from Section C, line 6 10 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: 9 Applied to underdistributions of prior years h Applied to 2016 distributable amount 1 Carryover from 2011 not applied (see instructions) 1 Carryover from 2011 not applied (see instructions) 2 Remainder. Subtract lines 3g, 3h, and 3t from 3f. 4 Distributions for 2016 from Section D, line 7: 9 Applied to underdistributions of prior years b Applied to 2016 distributable amount 1 Carryover from 2011 not applied (see instructions) 5 Remaining underdistributions of prior years b Applied to 2016 distributable amount 1 Carryover from 2011 not applied (see instructions) 1 Remainder. Subtract lines 3g, 3h, and 3t from 3f. 5 Remaining underdistributions for years prior to 2016, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2017. Add lines 3j and 4c. 8 Breakdown of line 7: a   Excess from 2013   Excess from 2014   Excess from 2015   Excess from								
4 Amounts paid to acquire exempt-use assets 6 Qualified set-aside amounts (pror IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 2 (reasonable cause required —explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: a								
5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6 1 Underdistributions, if any, for years prior to 2016 2 (reasonable cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: a   C	· · · · · · · · · · · · · · · · · · ·	nizations	ooses of supported orga		3			
6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions. Add lines 1 through 6.  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2016 from Section C, line 6.  10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6.  1 Underdistributions, if any, for years prior to 2016.  2 (reasonable cause required — explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2016:  a					4			
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2016 from Section C, line 6 2 (reasonable cause required – explain in Part VI). See instructions. 3 Excess distributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: a					5			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2016 from Section C, line 6 2 (reasonable cause required—explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: a					6			
(provide details in Part VI). See instructions.  9 Distributable amount for 2016 from Section C, line 6  10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016  (reasonable cause required—explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2016:  a				otal annual distributions. Add lines 1 through 6.	7			
Section E - Distribution Allocations (see instructions)  Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016  (reasonable cause required — explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2016:  a  B  Excess distributions carryover, if any, to 2016:  a  B  Total of lines 3a through e  g Applied to underdistributions of prior years  Applied to 2016 distributable amount  i Carryover from 2011 not applied (see instructions)  j Remainder, Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2016 from Section D, line 7:  a Applied to 2016 distributions of prior years  b Applied to 2016 distributions of prior years  b Applied to 2016 distributions of prior years  b Applied to 2016 distributions of prior years  b Applied to 2016 distributions of prior years  b Applied to 2016 distributable amount  c Remainder, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Fixes distributions carryover to 2017. Add lines 3j and 4c.  B Breakdown of line 7:  a   Bexess from 2013   C Excess from 2014   C Excess from 2015		ponsive	ch the organization is res		8			
Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2016: a				histributable amount for 2016 from Section C, line 6	9			
Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2016:  a				ine 8 amount divided by Line 9 amount	10			
Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.  3	(iii) Distributable Amount for 2016	Underdistributions Pre-2016	Excess Distributions	tion E - Distribution Allocations (see instructions)	Se			
2 (reasonable cause required —explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2016: a   b   C   From 2013		45.		istributable amount for 2016 from Section C, line 6	1			
3 Excess distributions carryover, if any, to 2016: a b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, line 7: a Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2017. Add lines 3j and 4c. 8 Breakdown of line 7: a b Excess from 2013 c Excess from 2014 d Excess from 2015				easonable cause required—explain in Part VI). See	2			
a b C From 2013 C From 2014 C From 2015 C From 2015 C From 2015 C From 2015 C From 2015 C From 2015 C From 2016 dilines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount C Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2016 from Section D, line 7: \$ S C Remainder. Subtract lines 3g, 3h, and 3i from 3f.  5 Applied to underdistributions of prior years b Applied to 2016 distributable amount C Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2017. Add lines 3j and 4c.  8 Breakdown of line 7: a		14.15		xcess distributions carryover, if any, to 2016:	3			
b   c From 2013   d From 2014   e From 2015   f Total of lines 3a through e   g Applied to underdistributions of prior years   h Applied to 2016 distributable amount   i Carryover from 2011 not applied (see instructions)   j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   4 Distributions for 2016 from Section D, line 7:	, ,	· a · · · · · · · · · · · · · · · · · ·						
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c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2017. Add lines 3j and 4c.  8 Breakdown of line 7:  a b Excess from 2013  c Excess from 2014  d Excess from 2015								
<ul> <li>5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</li> <li>6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</li> <li>7 Excess distributions carryover to 2017. Add lines 3j and 4c.</li> <li>8 Breakdown of line 7:</li> <li>a b Excess from 2013 .</li> <li>c Excess from 2014 .</li> <li>d Excess from 2015 .</li> </ul>				<u> </u>				
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2017. Add lines 3j and 4c.  8 Breakdown of line 7:  a b Excess from 2013	· · · · · · · · · · · · · · · · · · ·			remaining underdistributions for years prior to 2016, if ny. Subtract lines 3g and 4a from line 2. For result				
7 Excess distributions carryover to 2017. Add lines 3j and 4c.  8 Breakdown of line 7:  a b Excess from 2013				temaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in art VI. See instructions.	6			
b Excess from 2013				xcess distributions carryover to 2017. Add lines 3j	7			
a b Excess from 2013 c Excess from 2014 d Excess from 2015				reakdown of line 7:	8			
c Excess from 2014	1			77.74	а			
d Excess from 2015		., , , , , , , , , , , , , , , , , , ,	Carry Contract	xcess from 2013	b			
d Excess from 2015		·	13.70 - 6 - 48. Sugar	xcess from 2014	C			
				xcess from 2015	d			
e Excess from 2016		الماريو أمراه	(1) 70 70 70 10		е			

	orm 990 or 990-EZ) 2016 Page
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.

2016 Open to Public ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

OMB No. 1545-0047

**DePaul Industries** 93-0607857 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . . . . . . . **b** Total acreage restricted by conservation easements . . . . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . Assets included in Form 990, Part X

Par	<b>I</b> Organizations Maintaining	Collections of	Art, His	torical 1	reasures	s, or O	ther Similar <i>i</i>	Assets (cont.	inued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and of							
а	<ul><li>Public exhibition</li></ul>		d	□ Loan	or exchan	ge prog	rams		
b	☐ Scholarly research		е	☐ Other	·				
С	☐ Preservation for future generation	s							
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how tl	hey further	the org	ganization's ex	cempt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta							□ No
Par	IV Escrow and Custodial Arra	angements.							-
	Complete if the organization 990, Part X, line 21.						•		orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		<del></del>	Amount	
С	Beginning balance					10	;		
d	Additions during the year					10			
e	Distributions during the year					16	<del></del>	<del></del> _	<del></del>
f	Ending balance					11			
2a	Did the organization include an amount							lity? TYes	□ No
	If "Yes," explain the arrangement in P								
	t V Endowment Funds.	art Am. Official field	e ii tile e.	planation	THAS DCCT	provide	sa on rait XIII	<del>· · · · -</del>	Ш
,	Complete if the organization	answered "Ves"	" on For	m 990 F	Part IV lin	<u>- 10</u>			
	Complete it the organization	(a) Current year		or year	(c) Two yea		(d) Three years b	ack (e) Four yea	rs back
4.	Paginning of year halance	(a) current your	(2) /	- your	(0) 1110 900	- Duck	(u) Theo yours of	(0) 1 001 700	- Duck
1a	Beginning of year balance						<del></del>	_	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 1a	. column (a	a)) held	as:		
а	Board designated or quasi-endowmen	nt.▶	%	, ,	,	,,			
b	Permanent endowment ▶	%							
G	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 16	nn%						
3a	Are there endowment funds not in the	•		zation tha	t are held	and ad	ministered for	the	
•	organization by:	, poesession en an						Ye	s No
	(i) unrelated organizations							. 3a(i)	3 10
	.,							. 3a(ii)	+-
_	(ii) related organizations							<del>, ,</del>	+
b	If "Yes" on line 3a(ii), are the related o							. 3b	——
4	Describe in Part XIII the intended uses		n s enuc	willentic	11105.			<del></del>	
Part			' on For	~ 000 E	ant IV lin	0 110	Saa Earm 00	O Bort V line	. 10
	Complete if the organization	<del></del>							
	Description of property	(a) Cost or ot			r other basis ther)	d	Accumulated epreciation	(d) Book va	e
1a	Land	·			2,600,000	was An	Miles in the second	2,	600,000
b	Buildings	·		 	1,874,377	<del></del>	1,074,377		800,000
C	Leasehold improvements				343,554	<u> </u>	343,554	<u> </u>	0
d	Equipment			<u> </u>	2,459,647		2,320,144	] 	139,503
e	Other				261,395		255,094		6,301
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part )	(, column	(B), line 10	0c.) .	. <u>.</u> . <u>.</u>	3,	545,804

Part VII	Investments - Other Securities.			·
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lii	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation <sup>.</sup> of-year market value
	I derivatives			
	held equity interests			
(3) Other				
(~)			<del> </del>	
(B)	***************************************			
(C) (D)				
(E)			<del> </del>	
(F)				
(G)	•		<u> </u>	<del></del>
(H)			<del> </del>	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		<b>设持为公</b> 债	(***
Part VIII	Investments Program Related.		I to the state of	
	Complete if the organization answered "Yes" on F	orm 990. Part IV. lir	ne 11c. See Form 9	990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation:
(1)		-		
(2)				<del> </del>
(3)				
(4)				·
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►	<u> </u>		
Part IX	Other Assets.	000 D+ IV II-		000 D 1 V II 45
<del></del>	Complete if the organization answered "Yes" on F	onn 990, Part IV, III	ie i iu. See Form :	(b) Book value
(1)	(a) becomplier			(D) BOOK VAIUE
(2)				
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)		····		- <del></del>
(6)				
(7)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	line 25.	1 201 0 10 5 10 5	<del></del>	
(1) Federal in	(a) Description of liability (b) Book value			÷ 1, 10
(2)	come taxes		STATES TO STATES	2 1
(3)				* • * · · · · · · · · · · · · · · · · ·
(4)			Selfer British Co.	
(5)			であり またみがあた。 メ れて 一名である	
(6)			· · · · · · · · · · · · · · · · · · ·	ر بر در در این این این این این این این این این این
(7)				7
(8)		4		,
(9)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	n) must equal Form 990, Part X, col. (B) line 25.) ▶			
	uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Cl	heck here if the text of t	he footnote has been	provided in Part XIII

Part	· ·	Return	1.
<del>-</del>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1	40.550.000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<b></b> -	10,550,062
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	(U) \ \(\frac{1}{2}\)	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,550,062
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	è ,	
C	Add lines 4a and 4b	4c	-523,958
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,026,104
Part		r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,474,268
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		
C	Other losses	- 1	
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3 4	Subtract line 2e from line 1	3	3,474,268
=	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
-	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,474,268
_	Supplemental Information.		
Part XI debt ar	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in 4b. The organization emerged from a Chapter 11 bankruptcy on May 1, 2017. As a result it recognized a gill in addition, as a result of using fresh start accounting, adjusted the asset values of the company. Subsetting the assets was discovered which will be adjusted in next year's audit prior year results.	ain from	the discharge of
		•••••	·····

Schedule D (For	rm 990) 2016	Page <b>5</b>
Part XIII	Supplemental Information (continued)	

### **SCHEDULE J** (Form 990)

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

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number

Tax   Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	<u>DePau</u>	Industries 93-0607	857		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items.    First-class or charter travel	Part	Questions Regarding Compensation			
999, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-cleas or charter travel   Plant   Ill Unusing allowance or residence for personal use   Part   Ill to work   Part   Ill   Part   Ill   Part   Ill   Part   Ill   Part   Ill   Part   I	_			Yes	No
Travel for companions Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payments Tax indeminification and gross-up payment Tax indeminification fease Tax indeminification and gross-up payment Tax indeminification feases secrete payment Tax indeminification feases secrete payment Tax indeminification feases secrete payment Tax indeminification feases secrete payment Tax indeminification fease secrete payment Tax indeminification fease secrete payment Tax indeminification fease secrete payment Tax indeminification fease secrete payment Tax indeminification fease secrete payment Tax indeminification feases Tax indeminification feases Tax indeminification feases	1a			1	
Travel for companions		☐ First-class or charter travel ☐ Housing allowance or residence for personal use		] ,	
Discretionary spending account		☐ Travel for companions ☐ Payments for business use of personal residence	'		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   Written employment contract   Compensation survey or study   Participate in or receive payment from. a supplemental nonqualified retirement plan?  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  5b / If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67		☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	<b>.</b>		,
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization celablish compensation of the CEO/Executive Director. We explain in Part III.  Compensation committee    Compensation committee   Written employment contract   Compensation committee   Participate in organizations   Paproval by the board or compensation committee     During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   Participate in, or receive payment from, an equity-based compensation arrangement?   4a		☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)	1	İ	
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization celablish compensation of the CEO/Executive Director. We explain in Part III.  Compensation committee    Compensation committee   Written employment contract   Compensation committee   Participate in organizations   Paproval by the board or compensation committee     During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   Participate in, or receive payment from, an equity-based compensation arrangement?   4a				1	'
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization celablish compensation of the CEO/Executive Director. We explain in Part III.  Compensation committee    Compensation committee   Written employment contract   Compensation committee   Participate in organizations   Paproval by the board or compensation committee     During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   Participate in, or receive payment from, an equity-based compensation arrangement?   4a	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		1	٠,
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee					
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organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee			<u> </u>	<del>                                     </del>	<u> </u>
Independent compensation consultant	3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		-	- :
Independent compensation consultant		Compensation committee		İ	ł
□ Form 990 of other organizations □ Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  db V  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  db V  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  db V  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  db V  4b V  4c V  4c V  4c V  4c V  4c V  4c V  6c V  6d V  7 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  a tree-generation or creeive payment from, a supplemental nonqualified retirement plan?  a tree-generation or creeive payment from, a supplemental nonqualified retirement plan?  4a V  4b V  4c V  4c V  4c V  4c V  4c V  6b V  6b V  6b V  6b V  6b V  6b V  6b V  6b V  6b V  6c Any related organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part I		• • • • • • • • • • • • • • • • • • • •			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation crack litem in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Participate in, or receive payment from, an equity-based payments not describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  Any related organization?  Participate in, or receive payment from, an equity-based payments not describe in Part III.  Participate in, or receive payment from, an equity-based payments not described on lines 5 and 6? If "Yes," describe in Part III.  Participate in, or receive payment from, an equity-based compensation and payments pay or accrue any compensation pay or accrue any compensation contingent on the net earnings of:  Barticipate in, or receive payment from, an equity-based compensation and payments in a payment in the first in Part III.  Participate in, or receive payments for each item in Part III.  Barticipate in, or receive payments for each item in Part III.  Barticipate in, or receive payments for each item in Part III.  Barticipate in, or receive payments for each item in Part III.  Bar			1	-	,
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, an supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  ff "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  ff "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  ff "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		_ · / / · · · · · · · · · · · · · · · ·			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	4				. · .
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	Receive a severance payment or change-of-control payment?	4a	-	1
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  Any related organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ь		4b	1	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	С		4c		1
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				İ	·
compensation contingent on the revenues of:  a The organization?				<b>!</b> .	3, 1
The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5		1 .		
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		compensation contingent on the revenues of:			
If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?	а	The organization?	<u>5a</u>		<b>✓</b>
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	b		5b		✓
compensation contingent on the net earnings of:  a The organization?		If "Yes" on line 5a or 5b, describe in Part III.		١,	,;
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Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7		Ì_		,
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	_		_7_	<u> </u>	<b> </b>
in Part III	8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		•	_	1	1
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			<u>8</u>	<del>                                     </del>	<del>  •</del>
	0	If "Voo" on line 0, did the organization also follow the rehuttable assessmention areas described in	-	-	٠.
I TOURING CONTROL OF CONTROL OF THE	3	Regulations section 53.4958-6(c)?	9		]

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization or row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

					6	a, applicable coluin	י (ש) מווט (ב) מווטחוו	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retrement and (D) Northwest (E) Compensation		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
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or any additional information.	art 1 Line 4b: The organization had a non-qualified deferred compensation plan for which no contributions were made for the year but the sole remaining member of the plan withdrew	iii of nis remaining funds.								
any additi	t 1 Line 4b:	от піз гетап								

Schedule J (Form 990) 2016

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

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

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

20**16** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

DePaul Industries		93-0607857				
Form 990, Part III, Line 3: The company closed down it's packaging plant and closed that business.		·				
Form 990, Part VI, Line 11: Form 990 is reviewed by members of the board before it is filed.						
Form 990, Part VI, Section B, Line 15. The board of directors considers outside salary recommendations and candidates during the selection process. Salary						
consideration for key individuals is determined from the review of the salary guidelines for comparable positions and recommendations from outside human						
resource consultants.		••••••				
Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflicts of interest policy and financial statements available to the						
public upon request.						
Form 990, Part XI, Line 9: The other changes in net assets resulted from the company emerging from Chapter 1	1 bank	cruptcy during the year. As a result,				
there was a large adjustment from the unsecured creditors discharge of debt as well as for writing up the value	of the	corporate headquarters building				
to fair market value under the fresh start accounting rules used upon exiting bankruptcy.						
	••••					

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer Identification number
······································	
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	•••••••••••••••••••••••••••••••••••••••
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DePaul Industries

<b>Partnership</b>
d Unrelated
nizations and
Related Organ

► 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

Inspection Employer identification number Open to Public

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

93-0607857

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f)
Direct controlling
entity Š Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling pentity (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat. No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization (9) Part II Part € 9 € (2) Ξ ଷ ල Ø ල 9

Schedule R (Form 990) 2016 (0) Section 512(b)(13) controlled entity? (k)
Percentage
ownership £ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? ŝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h) Disproportionate allocations? ŝ (f) Share of total Yes псоте (g) Share of end-of- C year assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV Ξ Ε 8 <u></u> € 3 9 E Ξ 2 ල € 9 9

Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	£
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?	e or more related organ	izations listed in Part	S II–IV?	3 · ·	-	
a Receipt of (f) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.		•		12		>
				45	-	>
				: ;	t	. -
c Cilit, grant, or capital contribution from related organization(s)				2	$\dagger$	<b>,</b>
d Loans or loan guarantees to or for related organization(s)				P		<u> </u>
e Loans or loan quarantees by related organization(s)		•		1e	_	>
				-7		
f Dividends from related organization(s)				ia <b>+</b>		11
					$\dagger$	. -
g sale of assets to related organization(s)				- 61	1	<b>&gt;</b>
h Purchase of assets from related organization(s)				무	-	>
i Exchange of assets with related organization(s)				=		`
j Lease of facilities, equipment, or other assets to related organization(s)				į		<b>\</b>
			-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		-
K Lease of facilities, equipment, or other assets from related organization(s)				¥	1	>
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	· · · · · · (s			=	_	<b>/</b>
m Performance of services or membership or fundraising solicitations by related organization(s)	(6			111		>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•			=	>	
Sharing of paid employees with related organization(s)		•		10	>	
				1	+	.
p Reimbursement paid to related organization(s) for expenses				<u>.</u> e	<u>;</u>	1
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	>	
				) (r):		ļ
r Other transfer of cash or property to related organization(s)				<u> </u>		>
s Other transfer of cash or property from related organization(s)				18		>
2 If the answer to any of the above is "Yes," see the instructions for information on who must or	complete this line, including covered relationships and transaction thresholds.	uding covered relation	nships and transactic	on thres	splous	S.
(a)	(g)	[9	5			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	) amount	involve	20
(1) DePaul Services	ŏ	1,732,145	1,732,145 Percentage of sales			
(2)						
(6)						
(4)						1
(5)						
			Schedule R (Form 990) 2016	(Form	990) 2	2016

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

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.

			6							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	Share of	(g) Share of	(h) Disproportionate	(s) Code V—UBI	(i) General or	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations?	of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)							-			
(5)										
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(8)										
(6)										
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								Sche	dule R (Fon	Schedule R (Form 990) 2016

Schedule R (F	Form 990) 2016	Page 5
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See Instructions.	