EXTENSION GRANTED TO 5/15/18

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and en	nding J	UN 30, 2017	
B c	Check if pplicable	C Name of organization		D Employer identifie	cation number
	_Addres _change				
	Name _change ⊓Initial	-			918497
	lreturn □Final	Number and street (or P.O. box if mail is not delivered to street address) RC 2031 AUBURN AVENUE	oom/suite	E Telephone numbe 513_	r 241-2600
	□return/ termin- ated			G Gross receipts \$	3,821,587.
	Amend return			H(a) Is this a group re	
	Application	-		for subordinates	
	pendin	2031 AUBURN AVENUE, CINCINNATI, OH 4521	19	H(b) Are all subordinates in	····· — —
		mpt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
		e: WWW.CILO.NET			n number ▶ 0001
		organization: X Corporation Trust Association Other	∟ Year o	of formation: 1977 N	A State of legal domicile: OH
Pa		Summary			
e	1 [Briefly describe the organization's mission or most significant activities: TO BRI	EAK D	OWN ARCHITE	CTURAL AND
Activities & Governance		ATTITUDINAL BARRIERS, BUILD BRIDGES TO UNI			
/ern		Check this box if the organization discontinued its operations or disposed		1 1	ssets. 13
9				3	13
ø		Number of independent voting members of the governing body (Part VI, line 1b)			31
ţies		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)			5
ξ		Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 34			0.
		vet unrelated business taxable meetine north offi 550 1, iiile 54	·····	Prior Year	Current Year
4	8 (Contributions and grants (Part VIII, line 1h)		2,851,370.	2,670,054.
ű		Program service revenue (Part VIII, line 2g)		406,167.	475,325.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,172.	26,381.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,172.	34,788.
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,334,881.	3,206,548.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,917,048.	1,791,194.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		931,823.	874,381.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž		Total randraleing expenses (Fartix, Colainii (B), into 20)	0.	400 050	504 040
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		490,250.	504,343.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,339,121.	
	19	Revenue less expenses. Subtract line 18 from line 12		-4,240.	36,630.
t Assets or od Balances			Red	ginning of Current Year 2,293,868.	End of Year
Sse Bala	20	Fotal assets (Part X, line 16)		379,759.	2,452,139. 413,831.
Net/ Fund	21	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,914,109.	2,038,308.
	22 art	Signature Block		1,011,1000	2,030,3000
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which			,
		\			
Sign	n	Signature of officer		Date	
Her		LIN LAING, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check Lif	PTIN
Paid -	- +	STEPHANIE ALLGEYER STEPHANIE ALLGEYE	ER	self-employe	
	- +	Firm's name VONLEHMAN & COMPANY INC.		Firm's EIN	31-0905417
Use	Only		TE 30		EO\ 221 2200
		FORT WRIGHT, KY 41011-2993		Phone no. (8	59) 331-3300
May	/ the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Page 2

Form	1 990 (2016) INDEPENDENT LIVING OPTIONS, INC.	31-0918497	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO BREAK DOWN ARCHITECTURAL AND ATTITUDINAL BARRIERS, H	BUILD BRIDGES	TO
	UNDERSTANDING, AND CREATE OPTIONS AND CHOICES IN THE CO	ONTINUOUS	
	PROCESS OF EMPOWERMENT OF PERSONS 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?	Yes	X No
	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	? Yes	XNo
Ū	If "Yes," describe these changes on Schedule O.	·100	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	se massured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(d) organizations are required to report the amount of grants and allocations to other sections are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants and allocations are required to report the amount of grants are required to report the gr		
		iers, trie total expenses, a	anu
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,084,817 • including grants of \$) (Reve	enue \$ 506,	753
4a	(Code:) (Expenses \$1,084,817. including grants of \$) (Reverse SELF HELP PROGRAM PROVIDING INFORMATION, REFERRAL, ADVO		733.
	COUNSELING TO APPROX. 1950 CONSUMERS WITH DISABILITIES		rd rd
	CINCINNATI AND NORTHERN KENTUCKY AREA.	IN THE GREAT.	<u> </u>
	CINCIMNATI AND NORTHERN RENTOCKT AREA.		
4b	(Code:) (Expenses \$		
	ATTENDENT CARE SUBSIDIARY FOR ADULTS WITH DISABILITIES		
	AND RURAL LOCATIONS WITHIN KENTUCKY, SERVING AN ESTIMAT	ED 75 PEOPLE	•
4c	(Code:) (Expenses \$ 1,060,688 • including grants of \$ 1,131,009 •) (Reve	enue \$	
	RENTAL ASSISTANCE FOR HOMELESS PERSONS WITH DISABILITIE		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 92,446 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,997,252.		

Form 990 (2016) INDEPENDENT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	x	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		Х
13		14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		У
	complete Schedule G, Part III	19		X

Form 990 (2016) INDEPENDENT LIVING Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 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		X
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	X	
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	•	21		
20	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):	200		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		122
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			$ _{\mathbf{x}}$
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ _{3,7}
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>.</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) INDEPENDENT LIVING OPTIONS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1098. Enter 0 if not applicable 1 in 1 i		Check if Schedule O contains a response of note to any line in this part v					Ш
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 If I all east on is reported on line 28, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 I bit the organization have unrelated business greas income of \$1 (00) or more during the year? 3 I bit for Yeas, and the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 I required the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 I required than 2s and 2s is greater than 250, you may be required to e-file (see instructions) 3 I required than 2s and 2s is greater than 250, you may be required to e-file (see instructions) 3 I required than 2s and 2s is greater than 250, you may be required to e-file (see instructions) 3 I required than 2s and 2s is greater than 250, you may be required to e-file (see instructions) 4 I required than 2s and 2s is greater than 250, you may be required to e-file (see instructions) 4 I required than 2s and 2s an			-	1			
(agambling) winnings to prize winners? a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and and 2 is greater than 250, you may be required to e-file (see instructions) b if 1 wes, in sain at filed a Form 900 For for the year If 1 %0, 1 for 160, 2 your young to the organization have unrelated business gross income of \$1,000 or more during the year? 3a I b if wes, in sain if the dar Form 900 For for the year If 1 %0, 1 for 160, 2 your young and young the year? 3b If 1 wes, in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FEAF). 5b If 1 wes, in the name of the foreign country. 5c If wes, in the said Form 900 Form 900 Form 114, Report of Foreign Bank and Financial Accounts (FEAF). 5c If 1 wes, in the said Form 900 Form 900 Foreign Bank and Financial Accounts (FEAF). 5c If 1 wes, in the said Form 900 Form 900 Foreign Bank and Financial Accounts (FEAF). 5c If 1 wes, in the said Form 900 Form 900 Foreign Bank and Financial Accounts (FEAF). 5d Dost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when return set with development of the said for the scharbable contributions? 6d Dost the organization received a contribution and express statement that such contributions or grifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If 1 wes, if did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles as charbable contributions? 8d If 1 wes, if did the organ							
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this roturn. 1	С					v	
tiled for the calendary year endring with or within the year covered by this return.	0-		 I	I	10	Λ	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Ab IV the content in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary year, did the organization have underlated business gross income of \$1,000 or more during the year? 3b IV "Yes," has it filed a Form 900 T for this year? If "No." to line 3b, provide an explanation in Schedule 0 3b IV "Yes," the time of the foreign country, which is a bank account, securities account, or other financial accountly? 4a A tary time during the calendary year, did the organization have a linearist, or other authority over, a financial account in a foreign country, yes enstructions for filing requirements for findEN Form 114, Report of Foreign Bank and Financial account; FBAR). 5b If "Yes," entry the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c IV "Yes," to line 5a or 5b, did the organization line I was or is a party to a prohibited tax shelter transaction? 5c IV "Yes," to line 5a or 5b, did the organization file Form 888617 6c IV "Yes," to line 5a or 5b, did the organization file Form 888617 6d Does the organization shall were not tax deductible as charitable contributions? 6d Did the organization shall may receive deductible contributions under section 170(c). 9d Did the organization receive a payment in excess of 5f made party as a contribution and party for goods and services provided to the payor? 7a IV "Yes," indicate the number of Forms 8282? Red during the year 9d Did the organization receive a payment in excess of 5f made party as a contribution of the organization receive a payment in excess of 5f made party as premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization received a payment in excess of 5f made party as pa	2a			31			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a				1	Oh	y	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1f *Yes, "has it filed a Form 990*T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 1f *Yes, "has it filed a Form 990*T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 1f *Yes, "has it filed a Form 990*T for this year? If "No," to line 3b, provide an explanation in Schedule 0 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b 1f *Yes," to line for the foreign country the properties of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6a X 8b If Yes, "to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "to lid the organization notity the donor of the value of the goods or services provided? 7b If If Yes, "indicate the number of Forms 8282 fled during the year 8d If Yes, "indicate the number of Forms 8282 fled during the year 9d If Yes, "indicate the number of Forms 8282 fled during the year 9d If If Yes, "indicate the number of Forms 8282 fled during the year 9d If the organization received a contribut	D				20	21	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 5b in "Yes," enter the name of the foreign country: ▶ 5c in Fire the country of the foreign country: ▶ 5c was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c in the same of the organization file Form 8866 ?? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization star one tax deductible as charitable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that time not tax deductible as charitable contributions? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? 6 If "Yes," inclinate the number of Forms 8282 filed during the year 9 Lid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If J Id the organization received a contribution of autisfied intellectual property, did the organization file Form 8899 as required? 7 If J Id the organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distribution	22				22		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;? b If Yes, 'enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have tax shelter transaction at any time during the tax year? 5a Des 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? 5b If Yes, 't did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made parily sa contribution and parily for goods and services provided to the payor? 7a X b If Yes, 'did the organization notity the donor of the value of the goods or services provided? 7b United the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization the form 1098-07 8 Sponsoring organization make a distribution in donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to adonor, donor advised fund maintained by the sponsoring organization make a distribution to adonor, donor devisor, or related person? 9 Sponsoring organization make a distribution to adonor, donor advisor, or related person? 9 Sponsoring organization make a distribution to adonor, donor devisor, or related person? 9 Sponsor							
francial account in a foreign country (such as a bank account, securities account, or other financial accountity? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b LYX b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b LYX or 17'es," to line 5a or 5b, did the organization file Form 8886-17 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 ocntributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization notify the donor of the value of the goods or services provided to the payor? 7b LIFY or 18' to the organization notify the donor of the value of the goods or services provided? 7b LIFY or 18' to the organization notify the donor of the value of the goods or services provided? 7c LIFY or 18' to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tille Form 8282? 7c LIFY or 18' the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received an contribution of qualified intellectual property, did the organization file Form 1098-C? 7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 7f Did the organization received a contribution of oras, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7f Did the sponsoring organization make any taxable distributions under secti		•	-		SD		
b If "Yes," enter the name of the foreign country: P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-7? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization notify the donor of the value of the goods or services provided to the payor? 7a X 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization during the year, pay premiums, directly or Indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7 If If the organization received a contribution of acris, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Job the sponsoring organization make any taxable distributions under section 4966? 9 Job the sponsoring organization make any taxable distributions of adonor, donor advisor, or related person? 9 Sponsoring organization make any taxable distributions and organization file form 1041? 10 Job Gross received from t	ти			•	4a		х
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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 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 X 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If "Yes," indicate the number of Forms 8282 filed during the year To Id If Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization meeting and the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make any advised funds. 9 Sponsoring organization make any advised funds. 10 Did the sponsoring organization make any advised funds. 10 Did the sponsoring organization make any advised funds. 11 Did 12 Section 501(c)(1) organization make any advised funds. 13 Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or	b		40000	arity:	i d		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 11 Yes; 10 line 5a or 5b, did the organization file Form 8886-f? 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? 6b X 6c 17 Yes; 17 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes; 17 did the organization notify the donor of the value of the goods or services provided? 7b 17 Yes; 17 did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sele, exhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8d 17 Yes; 11 dictate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? 7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? 7f Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised, funds. 10a Did the sponsoring o			ccon	nts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sells a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? 17 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? 18 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distribution organization file form 10	5a				5a		Х
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5° made partly as a contribution and partly for goods and services provided to the payor? 16 If "Yes," did the organization notify the donor of the value of the goods or services provided? 17 Did the organization receive a payment in excess of \$5° made partly as a contribution and partly for goods and services provided to the payor? 17 If "Yes," did the organization notify the donor of the value of the goods or services provided? 18 If "Yes," indicate the number of Forms 8282 filed during the year 19 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 19 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C? 19 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? 10 If the organization maximatining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 20 Did the sponsoring organization make an distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 20 Gross income from members or shareholders 21 In							Х
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? **Note** of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **Organizations that may receive deductible contributions under section 170(c). **a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? **Ta					5c		
any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Corganizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To I or I of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? B Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization and a distribution to a donor, donor advisor, or related person? B Gross income from members or shareholders c Gross income from members or shareholders b Gross income from other sources (Do not							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8890 as required? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(1) organizations. Enter: a Gross income from members or shareholders b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b 12c Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization incomes to his organization information the organization must report on Schedule O. b Enter the amount of reserves t					6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7	b		tions (or gifts			
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations maintaining donor advised funds. a 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 10b 11a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b 13 Section 501(c)(129) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which	7						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f I the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a 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 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a bit "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified h	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 in mor	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired			ĺ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t		to file Form 8282?			7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a 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 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 If B Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13 C 14 Did the organization receive any payments for indoor tanning services during the tax year?	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter: a 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 10b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ict?	7e		<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	f				7f		<u> </u>
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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	-				7g		<u> </u>
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a 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 110b Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11b Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year 11c Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X					7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions income from 990, part VIII, line 12 Initiation fees and capital contributions for shareholders Initiation fees of club facilities Initiation fees and capital contributions for shareholders Initiation fees of club facilities Initiation fees and capital contributions for adhibition fees and capital fees of club facilities Initiation fees and capital fees and capi	8		by th	ne			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
a 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 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a X					90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1 1b 11b 11b 11a 11a			100				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 14a X							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13c 14a X			נוטו	1			
b Gross income from other sources (Do not net amounts due or paid to other sources 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 14a X			11a				
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 14a X							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13c 14a 14a 15c	-		11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	7			12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 14a X			ı				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b 13c 14a X				l			
Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 14a X					13a		
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		•					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С		13c				
					14a		X
			e O .		14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
			—	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other									
	officer, director, trustee, or key employee?		2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 99	00 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5		Х						
6	Did the organization have members or stockholders?		6		Х						
7a											
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or									
	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:									
а	The governing body?		8a	Х							
b	Each committee with authority to act on behalf of the governing body?			X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)									
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, 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	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe									
	in Schedule O how this was done		12c	X							
13	Did the organization have a written whistleblower policy?		13	X							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approval	by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	X							
b	Other officers or key employees of the organization		15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a									
	taxable entity during the year?		16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ts participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶OH , KY										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	ly) availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website Upon request Other (explain in	,									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confidence of the confide	flict of interest policy,	and finar	ncial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records:									
	LIN LAING - 5132412600										
	2031 AUBURN AVENUE, CINCINNATI, OH 45219										

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

Check if Schedule O contains a response or note to any line in this Part VII

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 (A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week				erson is both an director/trustee)			compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN FRAZIER	2.00	l								
VICE PRESIDENT		Х		Х				0.	0.	0.
(2) CLAIRE BOYLE	2.00	ļ		l						
SECRETARY	2 00	Х		Х				0.	0.	0.
(3) LORI OWEN	2.00	ļ ,,		37					0	_
TREASURER	2.00	Х		Х		_		0.	0.	0.
(4) BETSY MANN TRUSTEE	2.00	x						0.	0.	0.
(5) MINETTE COOPER	2.00	^						0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(6) SHIRLEY SEWELL	2.00	 							•	
TRUSTEE		x						0.	0.	0.
(7) ROBERT HARRIS	2.00									
TRUSTEE		Х						0.	0.	0.
(8) CAROLYN O'BRYANT	2.00									
TRUSTEE		Х						0.	0.	0.
(9) JAMIE WEAVER	2.00	ļ								
TRUSTEE	2 00	Х						0.	0.	0 .
(10) BILL DONABEDIAN	2.00	X		37					0	_
PRESIDENT	2.00	^		X		-		0.	0.	0.
(11) ERIC KEARNEY EMERITUS	2.00	X						0.	0.	0.
(12) JAN-MICHELLE LEMON KEARNEY	2.00	1						0.	0.	0.
EMERITUS	200	x						0.	0.	0.
(13) JAN HATCHER	2.00	 							•	
TRUSTEE		x						0.	0.	0.
(14) LIN LAING	37.50									
EXECUTIVE DIR.				Х				107,123.	0.	0.
		_								
		_				_		L		000 (004.0

632007 11-11-16 Form **990** (2016)

	t VII Section A. Officers, Directors, Trus (A)	(B)	<u> </u>			<u> </u>	J		(D)	(E)			(F)	
	Name and title	Average hours per week	box	not c , unle	Pos heck ess pe	itior more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from relate	on		(r) stimate nount other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	per .	Key employee	Highest compensated employee	ner	the	organization (W-2/1099-MI	าร	fi org an	npensa rom the ganizat d relat anizati	e ion ed
		line)	ipu	lnst	Officer	Key	Hig	Fon						
			_											
			_											
1b	Sub-total							>	107,123.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								107,123.	000 of war and a	0.			0.
	Total number of individuals (including but r compensation from the organization	iot iimited to tr	iose	IIST	ed a	DOV	e) wi	no re	eceived more than \$100	J,000 of reportat	пе		Yes	No
3	Did the organization list any former officer,	director or tri	ıste	e ke	ev er	mplo	ovee	or	highest compensated e	mplovee on			163	140
_	line 1a? If "Yes," complete Schedule J for s				-	-	•		g	•		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		Х
5	Did any person listed on line 1a receive or													
<u> </u>	rendered to the organization? If "Yes," com	nplete Schedul	e J t	for s	uch	pers	son					5		X
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir		year.				
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С		C) nsatio	n
								-						
	Total number of independent contractors (including but n	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi						0							

Form 990 (2016) INDEPEND
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			
			·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					3.2 3.1
ran		Membership dues			-			
٩		Fundraising events		1,930.	-			
ifts		Related organizations	·····		-			
nig.		Government grants (contribut	iona) 10 2	635,221.	-			
Sir		All other contributions, gifts, gran	· —	055,221.	-			
iğ je	'			32,903.				
등등		similar amounts not included abo		32,303.	-			
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines			2,670,054.			
<u>a</u> C	n	Total. Add lines 1a-1f						
	_	SERVICE REVENUE	TOME C	Business Code 930099	475,325.	475,325.		
ice	2 a	SERVICE REVENUE	HOME C	930099	4/3,343.	4/3,323.		
ue n	b							
m S	С							
yra Re	d							
Program Service Revenue	е							
-		All other program service reve			400 200			
-	g	Total. Add lines 2a-2f			475,325.			
	3	Investment income (including	•	•	00 605			00 607
		other similar amounts)			29,687.			29,687.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .	· <u></u>	<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	604,227.					
		Less: cost or other basis						
		and sales expenses Gain or (loss)	607,533.					
	С	Gain or (loss)	-3,306.					
		Net gain or (loss)			-3,306.			-3,306.
ø	8 a	Gross income from fundraisin	g events (not					
anue		including \$ 1,9	930. of					
eve		contributions reported on line	1c). See					
E		Part IV, line 18	а	10,866.				
Other Revel	b	Less: direct expenses		7,506.				
0		Net income or (loss) from fund			3,360.			3,360.
		Gross income from gaming ad						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	OTHER REVENUE		930099	23,631.	23,631.		
		ABB ART SALES		999999	7,622.	7,622.		
		ARTIFEX		999999	175.	175.		
		All other revenue						
		Total. Add lines 11a-11d			31,428.			
	12	Total revenue. See instructions.			3,206,548.	506,753.	0.	29,741.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепьеь	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	1,791,194.	1,791,194.		
3	Grants and other assistance to foreign				
·	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,123.	86,349.	20,774.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	595,844.	581,301.	14,543.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,203.	12,540.	663.	
9	Other employee benefits	89,397.	84,906.	4,491.	
10	Payroll taxes	68,814.	65,357.	3,457.	
11	Fees for services (non-employees):				
а	Management				
	Legal	31,862.		31,862.	
	Accounting	18,000.		18,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	68,942.	2,630.	66,312.	
12	Advertising and promotion	15 615	10 600	4 000	
13	Office expenses	15,615.	10,687.	4,928.	
14	Information technology				
15	Royalties	47 207	47 207		
16	Occupancy	47,207. 24,203.	47,207.		
17	Travel	24,203.	24,203.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,154.	13,154.		
20	Interest Payments to affiliates	13,134.	13,1340		
21 22	Payments to affiliates	36,585.	36,585.		
23		34,099.	31,338.	2,761.	
23 24	Other expenses. Itemize expenses not covered	22,000	22,3301	27,020	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM OTHER	92,980.	92,980.		
b	HOME CHOICE EXPENSES	79,014.	79,014.		
С	EQUIPMENT	16,658.	16,658.		
d	RESTRICTED GRANT EXPENS	16,345.	16,345.		
е	All other expenses	9,679.	4,804.	4,875.	
25	Total functional expenses. Add lines 1 through 24e	3,169,918.	2,997,252.	172,666.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	1 11 11 10				Earm 990 (2016)

Form 990 (2016) Part X Balance Sheet

ı uı	I L A	Dalance Sheet				
		Check if Schedule O contains a response or note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		27,701.	2	55,411.
	3	Pledges and grants receivable, net		165,015.	3	219,543.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former offi				
		trustees, key employees, and highest compensated emp	oloyees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified personal	ons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of section 501(o	c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9			4,037.	9	3,662.
	10a	Land, buildings, and equipment: cost or other	[
		basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	1,287,495.			
	b	Less: accumulated depreciation 10b	265,164.	1,058,916.	10c	1,022,331. 1,150,592.
	11	Investments - publicly traded securities		1,036,799.	11	1,150,592.
	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		1,400.	15	600.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,293,868.	16	2,452,139.	
	17	Accounts payable and accrued expenses	72,899.	17	65,188.	
	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	
es	22	Loans and other payables to current and former officers,	directors, trustees,			
≝		key employees, highest compensated employees, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	parties	278,551.	23	313,867.
	24	Unsecured notes and loans payable to unrelated third pa		28,309.	24	34,776.
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X of			
		Schedule D		200 000	25	412 021
	26	Total liabilities. Add lines 17 through 25		379,759.	26	413,831.
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.		1 014 100		2 020 200
anc	27	Unrestricted net assets		1,914,109.	27	2,038,308.
Fund Balances	28	Temporarily restricted net assets			28	
pu	29				29	
Ē		Organizations that do not follow SFAS 117 (ASC 958),	check here			
ğ		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment			31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or		1 014 100	32	2 020 200
_	33	Total net assets or fund balances		1,914,109.	33	2,038,308.
	34	Total liabilities and net assets/fund balances		2,293,868.	34	2,452,139.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,1				
3	Revenue less expenses. Subtract line 2 from line 1	3			, 6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,9	1,914,109			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7		- 8	3,3	16.	
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	2,0	38	3,3	08.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u>	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit				
	Act and OMB Circular A-133?			Ba	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it				
	ar guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		ء ا	. I	χl		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► 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

Name of the organization **Employer identification number**

				VING OPTIONS					1-0918497
Par	t I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) S	ee instruction:	3.	
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck 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).)							
з [A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ι	ınit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	ın 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section &	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 12e, 12f, and	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			egrated. A supporting	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d			y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) le the orga	nization lieted	1		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	Support (See ii	istructions)	support (see instructions)
Total							I		I

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,005,196.	2,516,885.	2,858,397.	2,851,370.	2,670,054.	12,901,902.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,005,196.	2,516,885.	2,858,397.	2,851,370.	2,670,054.	12,901,902.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						12,901,902.
	ction B. Total Support			-		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,005,196.	2,516,885.	2,858,397.	2,851,370.	2,670,054.	12,901,902.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.70	4 450		26 276	00.50	
	and income from similar sources	873.	1,478.	21,175.	36,376.	29,687.	89,589.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.617 6.01	24 000	01 400	40.000	21 400	
	assets (Explain in Part VI.)	967,691.	31,875.	21,422.	42,298.	31,428.	1,094,714.
11	Total support. Add lines 7 through 10						14,086,205.
12	Gross receipts from related activities,					· · · · · · · · · · · · · · · · · · ·	,101,807.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
800	organization, check this box and storection C. Computation of Publ						<u>P</u>
				olumo (fl)		14	91.59 %
	Public support percentage for 2016 (15	83.67 %
15	Public support percentage from 2015 33 1/3% support test - 2016. If the control of the control o					· · · · · · · · · · · · · · · · · · ·	
IVa	stop here. The organization qualifies	· ·		,		•	× and ► X
h	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual						IS DOX
170							or more
11 a	10% -facts-and-circumstances tes and if the organization meets the "face	•					· ·
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
b	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				
18							
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>3</u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2016 (I					15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					T.=1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2015. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
70	Private tolingation if the organization	D DIO DOT CDACK 3	$DDV \Delta D IID \Delta T/I = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITITOTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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
1		
2		
_		
За		
3b		
Зс		
4a		
41-		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
9с		
10a		
401-		
10b m 990 or 99	1 90-F7	2016
555 61 3	,	,

Par	rt IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type in 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sac	tion D. All Type III Supporting Organizations			
000	tion b. All Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structions		
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	↑ V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
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	е	
	(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			
		(i)	(ii)	(iii)
Socti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Jecu	ion E - Distribution Anocations (see instructions)		F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
	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: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	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 h	Excess from 2013			
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_	LAGGGG HUIII ZUTU			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016					31-0918497	Page 8
Part VI	line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	2, 3b, 3c, 4b, 4c, 5a, 6, 9 nes 2 and 3; Part IV, Sec	9a, 9b, 9c, 11a ction E, lines 1	a, 11b, and 11c; F c, 2a, 2b, 3a, and	Part IV, Section B, I d 3b; Part V, line 1;	ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	C, t V,
	(See instructions.)						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

INDEPENDENT LIVING OPTIONS, INC. 31-0918497

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
Note: Only a section 30 f(c)	7), (0), or (10) organization can check boxes for both the deneral rule and a opecial rule. See instructions.
General Rule	
· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

INDEPENDENT LIVING OPTIONS, INC.

31-0918497

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPT. OF HOUSING AND URBAN DEVELOPMENT 200 NORTH HIGH STREET, 7TH FLOOR COLUMBUS, OH 43215	\$1,060,688.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GATEWAY AREA DEVELOPMENT DISTRICT 110 LAKE PARK DRIVE MOREHEAD, KY 40351	\$ 239,635.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NORTHERN KY AREA DEVELOPMENT DISTRICT 22 SPIRAL DRIVE FLORENCE, KY 41042	\$ 535,675.	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4 KENTUCKY HOUSING CORPORATION 1231 LOUISVILLE ROAD FRANKFORT, KY 40601	Total contributions \$ 391,834.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DEPT. OF HEALTH AND HUMAN SERVICES (ADMIN OF COMMUNITY LIVIN ONE MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	\$ 276,660.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

INDEPENDENT LIVING OPTIONS, INC.

31-0918497

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number 31-0918497 INDEPENDENT LIVING OPTIONS, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	INDEPENDENT LIVING OPTIONS, INC.	31-0918497
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ū	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	, iii 6 7 .
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area
	Protection of natural habitat	
		storic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
_	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
_	year >	
4	Number of states where property subject to conservation easement is located	
5	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 conservati	on easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
_	Described and the second secon	21/21
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	·
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	ganization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets.
4.	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance about works of ort
ıa	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 be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
2	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:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. ▶ \$

Par	rt III Organizations Maintaining (Collections of A	rt, Historical Tr	easures, or Oth	ner Similar As	sets(continued)		
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
	(check all that apply):							
а	Public exhibition	d	I 🔲 Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's of	ollections and explai	n how they further t	he organization's ex	empt purpose in	Part XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be m					Yes No		
Par	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	on Form 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribution	ns or other assets no	ot included			
	on Form 990, Part X?					Yes No		
b	If "Yes," explain the arrangement in Part XIII							
	-	•	-			Amount		
С	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on F				oility?	Yes No		
b	If "Yes," explain the arrangement in Part XII	. Check here if the ex	kplanation has been	provided on Part X	III			
Par	rt V Endowment Funds. Complete	if the organization ar	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four years back		
1a	Beginning of year balance	1,036,799.	1,037,667.					
b	Contributions			1,001,592				
С	Net investment earnings, gains, and losses	113,793.	-868.	36,075				
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	1,150,592.	1,036,799.					
2	Provide the estimated percentage of the cu			a)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%						
С	' ' ' 	%						
	The percentages on lines 2a, 2b, and 2c sho	· ·						
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held a	ind administered for	the organization			
	by:					Yes No		
	(i) unrelated organizations					V		
D 4	If "Yes" on line 3a(ii), are the related organiz					3b		
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipr		owment lunus.					
	Complete if the organization answere) Part IV line 11a 9	See Form 990 Part 3	X line 10			
	Description of property	(a) Cost or o	1		Accumulated	(d) Book value		
	Description of property	basis (investr	' '	, ,	epreciation	(d) Dook value		
	Land	- · · · · · · · · · · · · · · · · · ·	,	9,170.	,	79,170		
				5,965.	204,522.	941,443		
	Leasehold improvements			, - ,	,	,		
			6	2,360.	60,642.	1,718		
	Other			<u> </u>	,	,		
	I. Add lines 1a through 1e. (Column (d) must		X, column (B). line 1	10c.)		1,022,331		
	(3) 114000	,	, (–),	/	Sched	lule D (Form 990) 201		

Part VII Investments - Other Securities.		, ,	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D . III		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value		line 13. : Cost or end-of-year market value
	(b) Book value	(c) Welliod of Valuation	. Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990, Part X,	line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV		Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	05)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	ata ta tha annani 11 t C 1 t C	statements that reports the

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		 2e	
3	Subtract line 2e from line 1		 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	 4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5			

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ORGANIZATION RECOGNIZED NO INTEREST OR PENALTIES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2017. IF THE SITUATION AROSE IN WHICH THE ORGANIZATION WOULD HAVE INTEREST TO RECOGNIZE, IT WOULD RECOGNIZE THIS AS INTEREST EXPENSE AND PENALTIES WOULD BE RECOGNIZED IN OTHER EXPENSES. CURRENTLY, THE PRIOR THREE YEARS ARE OPEN UNDER FEDERAL AND STATE STATUTES OF LIMITATIONS AND REMAIN SUBJECT TO REVIEW AND CHANGE. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THESE JURISDICTIONS.

Schedule D (Form 990) 2016 INDEPENDENT LIVING OPTIONS, INC. 31-0918497 Page 5 Part XIII Supplemental Information (continued)
BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT
BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.
THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS
BEEN RECORDED FOR THE YEAR ENDED JUNE 30, 2017.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2016)

INDEPENDE	ENT LIVING	OPTIONS, 1	INC.				31-09	18497
Part I General Information on Grants	and Assistance					·		
Does the organization maintain records							on	
criteria used to award the grants or ass	istance?						Yes	X No
2 Describe in Part IV the organization's pr	rocedures for moni	toring the use of gran	t funds in the Unite	d States.				
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than					(f) Method of			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistanc	
 Enter total number of section 501(c)(3) a Enter total number of other organization 		4	he line 1 table				>	

632101 11-01-16

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAP SUBSIDY PAYMENT TO INDIVIDUALS	72	660,185.	. 0.	FMV	
OUSING ASSISTANCE PAYMENTS	1193	1,131,009.	0.	FMV	
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDEPENDENT LIVING OPTIONS, INC.

Employer identification number 31-0918497

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPTIONS AND CHOICES IN THE CONTINUOUS PROCESS OF EMPOWERMENT OF PERSONS WITH DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORTIVE HOUSING FOR INDIVIDUALS WITH DISABILITIES

EXPENSES \$ 92,446. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DIRECTOR INITIALLY REVIEWS THE DRAFT FORM 990. THE DRAFT IS APPROVED BY THE DIRECTOR, THEN REVIEWED AND APPROVED BY THE BOARD MEMBERS AT THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE RECEIVES AND READS THE "PERSONNEL POLICY GUIDE," AND SIGNS "EMPLOYMENT ACKNOWLEDGEMENT FORM." THE CENTER KEEPS THE SIGNED FORM IN THE THE EMPLOYEE'S FILE. THE FORM IS EFFECTIVE UNTIL THE POLICY CHANGES

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES AND RECOMMENDS SALARY INCREASES FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS ADVISED OF ANY SALARY INCREASES AND EFFECTIVE DATES IN WRITING FROM THE THE EXECUTIVE DIRECTOR ALONG WITH THE ASSISTANCE OF THE DIRECTOR OF BOARD. PROGRAMS EVALUATES AND DETERMINES PAY INCREASES FOR THE STAFF ON AN ANNUAL BASIS.

INDEPENDENT LIVING OPTIONS, INC.	31-0918497
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON TH	EIR WEBSITE. IF
THE PUBLIC WANTS ANY OTHER INFORMATION, THEY CAN CONTACT	THE CENTER.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE IT'S OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE YEAR.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

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

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

INDEPENDENT LIVING OPTIONS, INC.

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

(b)

Primary activity

Employer identification number 31-0918497

(f)

Direct controlling

of disregarded entity		foreign country)			e	entity	
CILO PROPERTIES LLC - 26-4522053							
2031 AUBURN AVE							
CINCINNATI, OH 45219	PROPERTY HOLDING COMPANY	оніо	33	,600. 97	5,986.		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	Decause it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	controlling Section 51	
		,,		501(c)(3))		Yes	No
	 						

	THE STATE OF THE BUILDING THE STATE OF THE S
Part III	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
raitiii	organizations treated as a partnership during the tax year.
	organizations treated as a partitioning and tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)																
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from 10.514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership								
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o																

Part IV 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	age Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
]								
]								
]								
]								
	1								
	1								
	1								

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
	During the tax year, did the organization engage in any of the following transaction							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e			
f	Dividends from related organization(s)				1f			
g	Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k			
1	Performance of services or membership or fundraising solicitations for related orga							
m	Performance of services or membership or fundraising solicitations by related orga							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	Sharing of paid employees with related organization(s)							
р	Reimbursement paid to related organization(s) for expenses				1p			
q	Reimbursement paid by related organization(s) for expenses				1q			
r	Other transfer of cash or property to related organization(s)				1r			
	Other transfer of cash or property from related organization(s)							
	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	ivolved			
1)								
2)								
3)								
۵۱								
+)								
5)								
-,								
6)								
٠,								

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
	1											
	1											
				\vdash				-	-		\vdash	-
	-											
	-											
				Ш								
				\Box								
	1											
				\vdash								
	4											
	1											
				\sqcup							$\sqcup \!\!\!\! \perp$	
	1											
	1											
	1											
	<u> </u>	I	l .	\perp				1			Щ	000\ 004

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 31-0918497 INDEPENDENT LIVING OPTIONS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2031 AUBURN AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CINCINNATI, OH 45219

Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application Is For		Application Is For				
				Form 990 or Form 990-EZ	01	01 Form 990-T (corporation)
Form 990-BL	02	Form 1041-A	08			
Form 4720 (individual)	03	Form 4720 (other than individual)	09			
Form 990-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990-T (trust other than above)	06	Form 8870	12			
T TNT T N TNT						

orn	n 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
orn	n 990-T (trust other than above)	06	Form 8870					
	LIN LAING							
	he books are in the care of \triangleright 2031 AUBURN AVI	ENUE -	- CINCINNATI, OH 45	219				
T	elephone No. ► 5132412 600		Fax No. ▶					
• If	the organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □		
• If	this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) 0001 . If	this is fo	r the whole gi	roup, check this		
оох	▼ If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the exten	sion is for.		
1	I request an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return							
	for the organization named above. The extension is for the	organizatio	on's return for:					
2	calendar year or X tax year beginning JUL 1, 2016 If the tax year entered in line 1 is for less than 12 months, c Change in accounting period		Ĭ -	inal retu	 m			
3а	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
	nonrefundable credits. See instructions.			3a	\$	0.		
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
	estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.		
С	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,					
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

SS 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning $\ JUL\ 1$, 2016, and ending $\ JUN\ 30$, 2017

► Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2016

Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number 31-0918497 INDEPENDENT LIVING OPTIONS, INC. Name and title of officer LIN LAING EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 3 , 206 , 548 . **1a** Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here **b** Balance Due (Form 8868, line 3c) ______ 5b _____ 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | lauthorize VONLEHMAN & COMPANY INC. Enter five numbers but ERO firm name do not enter all zeros as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 61385241011 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So