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%m 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Department of the Treasury Internal Revenue Service

> 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

B Che			endar year, or tax year be			15, and endin	<u>ğ</u>	, 20
	ck if g	pplicable:	C Name of organization	SEVENTH DISTRICT				ntification number
X vagi	1888 c	hange	Doing business as				59 <u>-2638</u> 56	
Nam	e chạr	nge i	Number and abset (or P.O.	bax if mall is not delivered to stre	et address)	Room/suite	E Telephone nue	
loitia	d retui	m	3007 WEST CO	MMERCIAL BLVD		204	(954) 303	
Final	lretun	n/		province, country, and ZIP or	foreign postal cod	~	G Gross	
term	inateç	ł i	FORT LAUDERDA	• • •			receipts \$	1,498,222
Ame	nded i	return	F Name and address			H(a) Isthisa		dinates? Yes X No
Appl	(catio	n pending	SEE ATTACHME	•			ubordinates included?	M M
I Tax	-exer	mpt status:			(a)(1) or 527		," attach a list (see in:	
J We	baite	.► WWW	V.OPPF7D.COM	<u> </u>	<u></u>		xemption number	
			Corporation Trust	Association Other	L Year	r of formation:		e of legal domicile: FL
Par	1	Summ	nary					
	1			nission or most significant ac	tivities:			
	THE		-	RFORM COMMUNIT		AND PF	ROVIDE	
2				LEGE BOUND YOU				
E (
8	2	Check this	s box if the organize	ation discontinued its operati	ons or disposed of	more than 25	% of its net assets.	·
& Governance	3			governing body (Part VI, line			1 1	5
90	4			mbers of the governing body				5
Activities	5			red in calendar year 2015 (Pa	•		<u> </u>	
€	6			te if necessary)				30
~	7a		·	rom Part VIII, column (C), line				
				ome from Form 9801-Times				
	_=					1 1	rior Year	Current Year
	8	Contribut	ions and grants (Part VIII.	line 1h)AUGUST.	01.2016.	}	444,197	1,353,205
Revenue	9	Program	service revenue (Part VIII	line 20)			137,176	144,340
20	10	Investme	ot income (Part VIII, colun	nn (A), linERS, and GD	EN, UT	· · · · · ·	312	677
Œ	11	Other rev	enue (Part VIII, column (A	l), lines 5, 6d, 8c, 9c, 10c, an	id 11a)		11,130	
į	12			gh 11 (must equal Part VIII, o			592,815	1,498,222
~~	13			Part IX, column (A), lines 1-3				
]	14		•	art IX, column (A), Ilne 4)	•			
	15			loyee benefits (Part IX, colum				
8				IX, column (A), line 11e)				
9			•	Column (D), line 25)		781		
Expenses	١.		· • ·	, column (6), and 25)			727,311	1,437,02
_	17			nust equal Part IX, column (/			727,311	1,437,02
	18			ine 18 from line 1 RECEIVE			-134,496	61,19
_ _	19	Heanine	iese expenses. Sublique	THE TO HOW MILE TATE OF THE				End of Year
ssets and and aces	~	Tatal as-	ore (Dart V. line 16)		_	1 240,00	ning of Current Year 479, 472	534,46
중등원	24	Total lish	OR (FAILA, MIS 19)	SEP 06 2	<u> </u>	````	43,889	36,754
40. 9	2.			ract line 21 from line 20			435,583	497,71
	22		re of imilia detections, and it	act line 21 north line 20		 -	1007000	
N 2 2 8								
Par		Signa	ature Block	FAST M/S			45 - 5 - 4 - 4 1 1	Industrial Section
Par		Signa	ature Block			atements, and to the any knowle	o the best of my know	ledge and belief, it is true,
Par		Signa	ature Block	PAST M/S ed this return, including accompanion officer) is based that it south		atements, and t I has any knowk	o the best of my know edge.	ipdge and belief, it is true,
Pari Under correct	enalt , and o	Signa ies of perjur complete. Di	ature Block ry, I declare that I have examine eclaration of preparer (other the state of the st			atements, and t		
Pari Under I correct	penalt ; and d	Signa ies of perjur complete. Di Sig	ature Block ry, I declare that I have examine eclaration of preparer (other the state of officer that the state of office		pyingschedules and at add of which prepare			
Pari Under I	penalt ; and d	Signa ies of perjun complete. Di Sig	ature Block ry, I declare that I have examine eclaration of preparer (other the state of the st	ed this return, including accompa- nan officer) is based the air leading	pyingschedules and at add of which prepare			Data
Pari Under I correct	penalt ; and d	Signation of Signature of Signa	ature Block ry, I declare that I have examine eclaration of preparer (other the grature of officer OHNNIE SMITH pe or print name and title	ed this return, including accompa- nan officer) is based on air feorm	pyrosechedules and st son of which prepare DIST	TRICT T	REASURER	Date 8-1-(_6
Pari Under portect Sign Here	penalt , and o	Signa ies of perjur pomplete. Di Signa Tyr	ature Block y, I declare that I have examine eclaration of preparer (other the grature of officer OHNNIE SMITH pe or print name and title nt/Type preparer's name	ed this ratum, including accompanian officer) is based on air fault in the control of the contro	pyresechedules and stand of which prepare DIST	TRICT T	REASURER	Date & - 1 - (_6
Pari Under property Sign Here	penalt , and o	Signa ies of perjur pomplete. Di Sig Tyr Prin JOI	ature Block y, I declare that I have examine eclaration of preparer (other the state of the sta	of this raturn, including accompanian officer) is based on air fauth for the control of the cont	pyresechedules and stand of which prepare DIST	TRICT T	REASURER Check If 16 self-erriploye	Date & - -(_6 FTIN d P00971697
Paid Paid Prep	penalti, and d	Signa ies of perjur complete. Di Sig JC Tyr Print JOI Firm	ature Block y, I declare that I have examine eclaration of preparer (other the standard of th	Preparer's signatu JOHNNIE SI R BLOCK	DIST TE DE	TRICT T	REASURER Check If 16 self-erriploys Firm's EIN ▶ 27	Date & - -(
Pari Under property Correct Sign Here	penalti, and d	Signa ies of perjur complete. Di Sig JC Tyi Prin JOI Firm Firm	Ature Block 19,1 declare that I have examine eclaration of preparer (other the standard of th	Preparer's signatu JOHNNIE SI R BLOCK W COMMERCIAL 1	DIST TE DE	TRICT T	REASURER Check If 16 self-employe Firm's EIN > 27 Phone no.	PTIN d P00971697
Paid Prep Use	penalt , and c	Signalies of perjurcomplete. Do	ature Block ry, I declare that I have examine eclaration of preparer (other the gnature of officer OHNNIE SMITH pe or print name and title thought by the smith of the smith	Preparer's signatu JOHNNIE SI R BLOCK W COMMERCIAL 1	DIST THE DESTRUCTION OF THE DEST	TRICT T	REASURER Check If 16 self-employe Firm's EIN ▶ 27 Phone no. 954730222	PTIN d P00971697

	1990 (2015) SEVENTH DISTRICT ORGANIZAT 59-2638563	Page 2
art	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	THE MISSION IS TO PERFORM COMMUNITY SERVICE AND PROV	/IDE
	SCHOLARSHIPS FOR COLLEGE BOUND YOUTH	
2	Old 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 eignificant changes in how it conducts, any program	
	serviges?	Yes 🔯 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	illocations to others,
	the total expenses, and revenue, if any, for each program service reported.	•
42	(Code:) (Expenses \$ 222,426 including grants of \$) (F	Revenue \$ 144,240 }
	SEE ATTACHMENT #2	194011024
	OLD ATTACIMENT #Z	
	EOGU RECEIVED	
	EOOO MEDERABO	
4b	(Code:) (ExpensesAUG	Aevonue \$)
	IRS OGDEN, UT	
		(Revenue \$
4C	C (Code.) (Expenses \$including graphs of \$)	Hevelide
	d. Other program contings (Describe in Cabadula A.)	
40	d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	\
<u> </u>		
		Form 990 (2015)
FDA	4 15 9902 BWF 990 Form Software Copyright 1996 - 2016 HRB Tax Group, Inc.	Form 980 (2015)

			10	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schadule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\frac{\Lambda}{X}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ᆣ		
	Candidates for public office? If "Yes," complete Schedule C, Part 1	۱ ـ		١,,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		}	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	4		
	or similar amounts as defined in Engress Described and Application that receives membership dues, assessments,			
6	or similar amounts as defined in Revenus Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
•	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			
7	Schedule D, Part I	6	<u> </u>	Х
•	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	'	Х
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 hability; 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	į	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments.	Ť		
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX,	- 5	92 × 4E	
	or x as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	·	41.00	
	D, Part VI Did the organization report an amount for Investments C she assurates in Part V, line 12 that is 5% or more of its total	11a		Х
þ	Did the organization report an amount for Investments C the resulting 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete \$150 (u.g.) Part V 2016 Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total	116		v
C	Did the organization report an amount for investments — program related in Part X. Inp. 13 that is 5% or more of its total	110	<u> </u>	X
	assets reported in Part X, line 16? If "Yes," complete Security Delta N, U.T.	44-		3.7
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	11c		_X_
	Part X, line 16? If "Yes," complete Schedule D, Part IX			.,,
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
	the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		'	
12a	Did the organization obtain separata, independent audited financial statements for the tax year? If "Yes," complete	111	 	X
	Schedule D, Parts Xi and XII			
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	ļ	X
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			
13	Is the organization a school described in section 470/EVAVAVES # 444.15	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
N	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	'		
	business, Investment, and program service activities outside the United States, or aggregate foreign investments			
15	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	•		
4	to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16	LI	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
J-	lines 1c and 8a? If "Yes," complete Schadule 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," complete Schedule G, Part III	19		<u>X</u>
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Form 990 (2015) SEVENTH DISTRICT ORGANIZAT 59-2638563
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u></u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
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 27 If "Yes," complete Schedule I, Parts I and III	22		х
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 officere, directors, trustees, key employees, and highest compensated employees? If "Yes,"			İ
	complete Schedule J	23		Х
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			İ
	Schedule K. If "No," go to line 25a · · · · · · · · · · · · · · · · · · ·	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tex-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,	<u> </u>		 -
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"	ŀ		
	complete Schedule L Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former			
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	F	<u> </u>	 ^^ -
	contributor or employee thereof, a grant selection committee member or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule Quantil RECEIVED			
	any of these persons? If "Yes," complete Schedul RECEIVED.	27		x
28	Was the organization a party to a business transaction with the of the following places (see Schedule L.	233		
	Was the organization a party to a business transaction with the or the following places (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions):			堂
a	A current or former officer, director, trustee, or ker exposes (if the compiler Schedule L, Fart IV	28a	-	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			 ``
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	286		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	\vdash	 	
	conservation contributions? If "Yes," complete Schedule M	30	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		 	† **
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	⇈▔	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	1	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	1	х
35a		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-chantable related		 	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		†
	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 197	<u> </u>		† <u>* * * </u>
_	Note. All Form 990 filers are required to complete Schedule C	38		x
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			'	,,

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check If Schedule O contains a response or note to any line in this Part V			Π_{-}
			Yes	No
1a	Enter the humber reported in Box 3 of Form 1096. Enter -0- If not applicable			
b	Enter the number of Forms W-2G included in line ta. Enter -0- if not applicable 1b	进制		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	10		X_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	製建		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
				23
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
р	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4 a	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)?	4a_	l	<u>X</u>
þ	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).		企	. 選
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u> _
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Бc		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	i	1	
	solicit any contributions that were not tax deductible as charitable contributions?	6e		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1	.}	
_	gifts were not tax deductible?	6b		<u> </u>
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		200	新 題
_	and services provided to the payor? If "Yes," did the organization notify the donor Fine value of the goods or services provided?	7a		<u>X</u>
ь		7b_		
Ģ	Did the organization sell, exchange, or otherwise placed distributions by the Gerty for which it was required to file Form 8282?	7c		v
d			13.TI.6.2	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	**************************************	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		$\frac{\Lambda}{X}$
g	If the organization received a contribution of qualified intellectual property, did the organization rile Form 5899 as required?	70		X
ħ	If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1995-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-30	
	sponsoring organization have excess business holdings at any time during the year?	8	-	X
9	Sponsoring organizations maintaining donor advised funds.	张	XXXX	
2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter.	4		3
8	Initiation fees and capital contributions included on Part VIII, line 12	污义		理論
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:			正置
a	Gross income from members or shareholders			1
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		10.33	國 歷
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12a		X
p	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 125			
13	Section 501(c)(29) qualified nonprofit health insurance leavers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	25 mm	X
_	Note. See the Instructions for additional information the organization must report on Schedule O.			1000
Ь	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		1	设装
C	Enter the amount of reserves on hand			海
14a	Did the organization receive any payments for indoor tanning services during the tax year?	142		<u>X</u> _
<u>d</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	(2015)
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Pari VI G

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.

Secti	on A. Governing Body and Management	***************************************	• • • • •		11
		•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 5			
b	Enter the number of voting members included in line 1a, above, who are independent	4h 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				-
	officer, director, trustee, or key employee?		2	10/2	X
3	Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors, or trustees, or key employees to a management company or other person?		3	.	х
4	Did the organization make any aignificant changes to its governing documents since the pnor Fo		4	\neg	X
6	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		$\frac{x}{x}$
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	more members of the governing body?		7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members				 -
	or persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertain		20 H.S		
	by the following:	Total Control of the Jour			
8	The governing body?		Ba	X	-
þ	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		<u> </u>	<u> </u>	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internet	Revenue Code)		·	
	on B. Policies (This Section B requests intermedian about policies not required by the Interne	in loveride codery		Yes	No
10a	Did the organization have local chapters, branches cames 01.2016		10a	Х	
ь	If "Yes," did the organization have written policies and procedures governing the activities of suc	sh chapters.	100		\vdash
	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?	10b		х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	2 the form 7	11a	Х	- ^ ·
b					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	THE CO. IN	X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests the			1	<u> </u>
	rise to conflicts? · · · ·		12b	1	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	•			
	describe in Schedule O how this was done	N/A	12G		ļ
13	Did the organization have a written whistleblower policy?	,	13	\vdash	Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and ap			1.00	
	independent persons, comparability data, and contemporaneous substantiation of the deliberati			磅 :	
a	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	1	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 arra	ingement		[激]	
	with a taxable entity during the year?		16a	1	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the second of the organization of the second of the organization of the organiz	<i>r</i> aluate		100	
	the participation in joint venture arrangements under applicable federal tax law, and take steps to	o safeguard			
	the organization's exempt status with respect to such arrangements?	N/A	16b		
Sect	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c)(3)s	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own Website Another's website Dipon request Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	te, conflict of interest			
	policy, and financial 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 books and records: 🕨			
	SEE ΔΥΥΔΟΜΕΝΎ #3				

Form	890	(201	ıs)
	900	1-4	

SEVENTH DISTRICT ORGANIZAT 59-2638563

Page 7

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

- 12 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 org (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensel employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
LESLIE GAMBLE	(ma)	—— <u>F</u>	100	W	RE	CEI	VΕ	D			
DISTRICT PRESIDENT			l .	l	l	01 2	l .	į.			
FRED GARY DISTRICT 1ST VICE			RS	Q	GE	EN.	U	<u> </u>			
PRESIDENT JAMES CISTRUNKK				¥							
DISTRICT SECRETARY OHNNIE SMITH				×							
DISTRICT TREASURER RAJU AUNDRE BRANSO				x							
DISTRICT COUNSELOR											
									}		
						,					

Form 990 (2015)

Par	VII	Section A. Officers	, Director	s, Trust	aes, K	ey En	nploye	es, and	and Highest Compensated Employees (continued)					
	Name	(A) and title	(B)		(da na	(C) Fost t check riess pe	C) tion more ti trson is		-	(D) Reportable	(E)			
			hours per week (kat any hours for related organiza- tons below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kayemployee	Highest compensated emplayee	Former	compensation from the organization (W-2/1099-M(SC)	compensation from related organizations (W-2/1099-MISC	oth compe from organi and re organi	neation the ization elated	
					\U(βU	SТ	CEI 01 2	201	1				
					IKS	SO	GL	EN,	U					
1b	Sub-tot		• • • • • • •		• • • • •				▶	~				
C	Total tr	om continuation she	eets to Pa	rt VII, S	ection	1 A			▶					
d_	Total (a	dd lines 1b and 1c)	•••••		• • • • • •				. ▶		-			
2	Total nu	mber of individuals (i organization >	including b	iut nat li	mited	to thos	e liste	d above) who	received more than	\$100,000 of report	able compen	sation	
	ii diri dib	organization F									· · · · · · · · · · · · · · · · · · ·	···		
3	on line 1	organization list any 1 a? If "Yes," complete	Schedule	J for su	ach inc	subivit	d						es No X	
4	For any i	individual listed on lin	ne 1a, is th	e sum c	if repo	rtable	comp	ensation	and o	ther compansation f	rom the			
5	organiza Did šmr	tion and related orga	unizations (greater t	han \$	50,00	0? If "	Yes," co	mplete	Schedule J for such	rindividual	4	X	
٧	SATVICES	person listed on the	18 receive Leadteria	oracor	ue cor	npens	ation f	rom any	unrela	ated organization or l	ndividual for	為漢字		
Sectio	n B. Inde	rendered to the orga pendent Contractor	THE STREET	res,	comp	ध्यक्ष २८	neaui	B J TOT B	uch pe	erson	*****	5	<u> </u>	
1		e this table for your f		compe	nsater	inder	nender	nt contra	ertore (that received more th				
	compens	sation from the organ	itzation. Re	port co	mpens	sation	for the	calenda	r vear	ending with or withi	n the organizations	s tax vear		
			(A)						, ,	(B)		(C)		
		Name and	business a	address						Description of se	rvices	Compens		
					· ·				<u> </u>					
			<u> </u>											
	_ -								ļ					
		· · · · · · · · · · · · · · · · · · ·												
2	\$100,000	nber of independent of compensation fro	contractor	s (Inclui	ding b	ut not	limited	to thos	e listec	above) who receive	ed more than			
FDA	15 9908		m Software			- 201 ê l	HRB Ta	x Group.	Inc.			Form 95	M (2015)	

Check if Schedule O contains a response or note to any line in this Part VIII										
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections		
Grants		Federated campaigns		240,286		LEVERUG		512-514		
Giffs, niler An	d	Fundraising events	1d	1,066,126						
Contributions, Giffs, Grants and Other Similar Amounts		Government grants (contributions) . All other contributions, gifts, grants, & similar amounts not included above								
Cont		Noncash contributions included in lines 1a- Total. Add lines 1a-1f			1,353,205					
rvice	2a b	PROGRAM SERVICE RE	VENU	Business Code	144,340					
Program Service Revenue	c d e									
£ ——	f g	All other program service revenue . Total. Add lines 2a-2f	<u> </u>		144,340					
	3	Investment income (including divider other similar amounts)			677	677		,		
	5	Royalties					4 - 3 1			
	¢	Rental income or (loss)	AL	GUST 01						
	7a	of assets other than	curities	S.QGDEN			i i i			
	b	Less: cost or other basis and sales expenses								
	d	Gain or (loss)								
Other Revenue		of contributions reported on line 1c). See Part IV, line 18	6,793 a							
Other	C	Less: direct expenses	events .							
		Part IV, line 19	b							
	10=	Gross sales of inventory, less returns and allowances	a							
	11a	Net income or (loss) from sales of in Miscallaneous Revenue	ventory	Business Code						
	b									
	d 6 12	All other revenue	· · · · · · · · · · · ·		1,498,22	2 67°		70-74		
FDA	15			998 – 2016 H.R.B. Tax Grou	in Inc	* -	•	Form 000 (2015)		

Section	in 501(c)(3) and 501(c)(4) organizations must complete all co				
Do m	Check if Schedule O contains a response or note of include amounts reported on lines 65,			(C)	
	o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and general expenses	(D) Fundrasing expenses
10,00	Grants and other assistance to domestic organizations		expenses	Salva et exhauses	Apolises
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
•	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	- 			
5	Compensation of current officers, directors,				
•	trustees, and key employees	•	}	}	
6	Compensation not Included above, to disqualfied			†	
	persons (as defined under section 4958(f)(1)) and	<u> </u>	<u> </u>		
	persons described in section 4958(c)(3)(B))]	
7	Other salanes and wages				
В	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		}	-	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees);				
а	Management		Ì		l
b	Legal	1,000		1,000	L
c	Accounting	6,00	Ď	6,000	
d	Lobbying	LDECEN	FD		
e	Lobbying Professional fundraising services. See Part IV, IIF QCI	A KECFIA			
f	Investment management tees AUG				
g	Other (If the 11s amount exceeds 1/19), of the 95 columns				
_	(A) amount, list line 11g expenses on Schedule OURS.	OCDEM 34	عالا <u>ت</u>	41,90	7
12	Advertising and promotion	1	1		
13	Office expenses	7,73	8	7,73	В
14	Information technology				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel	68,09	1	68,09	1
18	Payments of travel or entertainment expanses for any				
	federal, state, or local public officials				ļ
19	Conferences, conventions, and meetings	137,52	5 137,5	25	ļ
20	Interest			1,070,31	
21	Payments to affiliates		<u> </u>	1,070,31	
22	Depreciation, depletion, and amortization		10	13	
23	Insurance	13	9		
24	Other expenses, itemize expenses not covered above				
	(List miscellaneous expenses in line 24s. If line 24s				
	amount exceeds 10% of line 25, column (A) amount,			4 4 5	
	list line 24e expenses on Schedule O.)		22 55.	22	
2	SCHOLARSHIP EXPENSES	20,7	·		
b	DONATIONS	3,30		3,30)3
c	ADMINISTRATIVE EXPENSES	6,3		6,3	
d	EQUIPMENT	18,7			9,76
	All other expenses	1,437,0			. l
25	Total functional expenses. Add lines 1 through 24e	1,73,70	000,		
26	Joint costs. Complete this line only if the organization	1	1		1
	reported in column (B) joint costs from a combined				1
	educational campaign and fundralsing solicitation.		1		
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2015

Check if Schedule O contains a response or note to any line in this Part X. **(A)** B Beginning of year End of year 2 Savings and temporary cash investments 430,933 482,690 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4,696 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 B Loans and other reconsibles from other disqualified persons (as defined under section 4955 (fX1)), persons described in section 4955(cX3XB), and contributing employers and sponsoring organizations of section 501 (CX9) valuntary employees' beneficiary Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges a 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 10b 10c 11 Investments -- publicly traded securities -----43,843 51,776 11 Investments — other securities. See Part IV, line 11 12 12 13 Investments -- program-related. See Part IV, line 11 13 14 Intangible assets 14 15 16 Total assets. Add lines 1 through 15 (must equal ine 34)
17 Accounts payable and accrued expenses 479,472 534,466 16 36,386 17 36,754 18 7,503 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Jabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 43,889 25 36,754 Organizations that follow SFAS 117 (ABC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 27 Unrestricted net assets 435,583 497,712 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > | and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds **0**6 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 435,583 497,712 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 534,466 479,472 34 FDA BWF990 Form Software Copyright 1998 - 2016 HRB Tax Group, Inc. Form 990 (2015)

	990 (2015) SEVENTH DISTRICT ORGANIZAT 59-2638	563			Page	12
Par	XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI					$\perp \! \! \! \! \! \! \! \perp$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			498,	
	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	137,	027
	Revenue less expenses. Subtract line 2 from line 1	3				195
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			435,	583
	Net unrealized gains (losses) on investments	5				934
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10			497,	712
Part	Financial Statements and Reporting					~~~
	Check if Schedule O contains a response or note to any line in this Part XII					П
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			A		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		— ļ		5.7%	
	Schedule O.			12		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. <i></i>		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ŀ		¥.	di
	reviewed on a separate basis, consolidated basis, or both;		f	经数	36	
	Separate basis Consolidated basis Both consolidated and separate basis				1	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				<u> </u>	200
	separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis X Roth consolidated and senarate basis			3	透光	THE
¢	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization take codomittee that essures responsibility for oversight		F	38 11 E	LICEUP !	
	of the audit, review, or compilation of its financial statements and selections in principle account account at the audit of the audit	•		2c	v	
	of the audit, review, or compilation of its financial atapments and selection process during the tax year, explain in			200	X 245	dillion i
	Schedule O. IRS OGDEN. UT					
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		}		222.4	Merid
	the Single Audit Act and OMB Circular A-133?			_		.,
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			8a.		Х
	180Ulfed audit or surfits, explain why in Schedule O and describe any stage taken to undergo such audits		31/7			

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Form **990** (2015)

SEVENTH DISTRICT ORGANIZAT 59-2638563

Schedule J (Form 990) 2015

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Pege 2

		(a) Grantedouse	Control of the Contro					
		(a) Dieakuowii	1 14 - 2 KID/OF 1089-141	oc compensazion	(C) Retirement	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	_	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable confpensation	and other deletted compensation	Denentes	(n)-(1)(e)	in calumn (B) reported as deferred on prior Form 990
RAJU AUNDRE BRANSON	egegegegegegegegegegegege		EOC. AUG.	EOCU RECEIVED AUGUST 01 2016 IRS OGDEN, UT	О 9 —			
FDA 15 990J2 BWF 980	Form Software	Form Software Copyright 1198 - 2018 HRB Tex Group, Inc.	R Tex Group, Inc.				Schedule	Schedule J (Form 990) 2015