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Form 990

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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.

October 1st, 2015

, 2016, and ending , 20 16

| В            | Check if    | applicable      | C Name of organization Western Province Kappa Alpha Psi Franternity Inc                          |                   |                  | ver identification number      |  |  |
|--------------|-------------|-----------------|--|-------------------|------------------|--------------------------------|--|--|
|              | Address     | change          | Doing business as Western Province   |                   | 51-              | 0212816                        |  |  |
|              | Name ch     | nange           | Number and street (or P O box if mail is not delivered to street address) Room                   | /suite            | E Telepho        | one number                     |  |  |
|              | Initial ret | um              | 6241 South Land Park Drive   |                   |                  | 916.753.8280                   |  |  |
|              | Final retui | m/terminated    | City or town, state or province, country, and ZIP or foreign postal code                         |                   |                  |                                |  |  |
|              | Amende      | d return        | Sacramento, CA, USA, 95831   |                   | <b>G</b> Gross r | eceipts \$ 152,940.06          |  |  |
|              | Applicati   | on pending      | F Name and address of principal officer: Gil Brown   | H(a) Is this a    | group return for | subordinates? Yes V No         |  |  |
|              |             |                 | 44 Via De La Valle, Lake Elsinore, CA 92532  | 1                 |                  | es included? Tyes No           |  |  |
| ī            | Tax-exe     | mpt status:     | ☐ 501(c)(3) ☐ 501(c) ( _7 _) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527                                |                   |                  | a list (see instructions)      |  |  |
| J            | Website     | : ► WV          | VW KAPsi-Western.Org   | H(c) Group        | p exemption      | number ►                       |  |  |
| ĸ            | Form of     | organization    | ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form                                     | nation            | M State          | of legal domicile CA           |  |  |
| Р            | art I       | Summ            | nary   |                   |                  |                                |  |  |
|              | 1           | Briefly de      | escribe the organization's mission or most significant activities: Reg                           | ional fraternity  | operation        | ns. Organization               |  |  |
| g            | l           | -               | college educated men with regard to philanthropy, scholarships and you                           |                   |                  |                                |  |  |
| Governance   |             |                 |  |                   |                  |                                |  |  |
| ē            | 2           | Check th        | nis box ▶ ☐ if the organization discontinued its operations or dispose                           | d of more tha     | n 25% of         | its net assets.                |  |  |
| õ            | 3           | Number          | of voting members of the governing body (Part VI, line 1a)                                       |                   | . 3              | 12                             |  |  |
| ಷ            | 4           |                 | of independent voting members of the governing body (Part VI, line 1                             | b)                | . 4              | 12                             |  |  |
| ies          | 5           | Total nur       | mber of individuals employed in calendar year 2016 (Part V, line 2a)                             |                   | . 5              | 0                              |  |  |
| Activities & | 6           |                 | mber of volunteers (estimate if necessary)   |                   | . 6              | 308                            |  |  |
| Ac           | 7a          |                 | related business revenue from Part VIII, column (C), line 12                                     |                   | . 7a             | 0                              |  |  |
|              | b           | Net unre        | lated business taxable income from Form 990-T, line 34   |                   | . 7b             | 0                              |  |  |
|              |             |                 |  | Prior Y           | 'ear             | Current Year                   |  |  |
| Revenue      | 8           | Contribu        | itions and grants (Part VIII, line 1h)   |                   | 8,253 43         | 13,736.43                      |  |  |
|              | 9           |                 | service revenue (Part VIII, line 2g)   |                   | 79,723 16        | 96,105.63                      |  |  |
| eve          | 10          | _               | ent income (Part VIII, column (A), lines 3, 4, and 7d)   |                   | 0                | . 0                            |  |  |
| æ            | 11          |                 | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                 | 15,900 43,        |                  |                                |  |  |
|              | 12          |                 | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)                          | 1                 | 03,876.59        |                                |  |  |
| _            | 13          |                 | nd similar amounts paid (Part IX, column (A), lines 1-3)   |                   | 11,267.42        |                                |  |  |
|              | 14          |                 | paid to or for members (Part IX, column (A), line 4)   | 1                 | 32,133 74        |                                |  |  |
| s            | 15          |                 | other compensation, employee benefits (Part IX, column (A), lines 5-10)                          |                   | 0                | 0                              |  |  |
| Expenses     | 16a         |                 | onal fundraising fees (Part IX, column (A), line 11e)  |                   | 0                | 0                              |  |  |
| <u>pe</u>    | b           |                 | ndraising expenses (Part IX, column (D), line 25)  |                   |                  | W. W. W. D. J. S. F.           |  |  |
| Щ            | 17          |                 | penses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                   | 0                | 0                              |  |  |
|              | 18          |                 |  | <u>ر</u> ا        | 43,401 16        | 160,408 26                     |  |  |
|              | 19          |                 | e less expenses. Subtract line 18 from line 12 MAY 🤊 🧣 7017.                                     | 21 (3             | 9,524.570        | (7,468 20)                     |  |  |
| - ë          | 3           |                 |  | Beginning of C    | urrent Year      | End of Year                    |  |  |
| Sets         | 20          | Total ass       | sets (Part X, line 16)   |                   | 16,537 49        | 9,069.29                       |  |  |
| et Assets or | 21          | Total liab      | bilities (Part X, line 26)   |                   | 0                | 0                              |  |  |
| Š            | 22          | Net asse        | ets or fund balances. Subtract line 21 from line 20  |                   | 16,537 49        | 9,069.29                       |  |  |
| P            | art II      | Signa           | ture Block   |                   |                  | <del></del>                    |  |  |
| Ur           | nder pena   | alties of perju | ury, J declare that I have exampled this return, including accompanying schedules and st         | atements, and to  | the best of      | my knowledge and belief, it is |  |  |
| tru          | ie, correc  | t, and comp     | lete. Declaration of preparer (other than officer) is based on all information of which prepared | arer has any knov | rledge.          | 1                              |  |  |
|              |             | 10              | Junto elu Ance   |                   | 5/12             | 2/17                           |  |  |
| Sig          | gn          | Sign            | Ature of officer   | _                 | ate              | 7,                             |  |  |
| He           | ere         |                 | ENWETH LYNN CHEER LIVETH   | SIREX             | 1                |                                |  |  |
|              |             | Тур             | e or print name and title  |                   |                  |                                |  |  |
| P            | aid         | Pnnt/Ty         | ype preparer's name Preparer's signature   | Date              | Check            | L] IL DIIN                     |  |  |
|              | epare       | er 🗀            |  |                   | self-em          |                                |  |  |
|              | se On       | 1               | name ►   | Fir               | m's EIN ▶        |                                |  |  |
|              |             | Firm's          | address ►  | Ph                | one no           |                                |  |  |
| Ma           | y the If    | RS discus       | ss this return with the preparer shown above? (see instructions)                                 |                   |                  | Yes No                         |  |  |

| Check if Schedule C contains a response or note to any line in this Part III  Briefly describe the organization's mission: Regional fraternal operations. Organization's mission: Regional fraternal operations. Organizations supports college educated men with regard to philanthropy, scholarships and youth development.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule 0.  Did the organization these new services on Schedule 0.  Did the organization sees conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule 0.  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of grants and allocations to others the total expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  Code: ) (Expenses \$ 75,607.73 including grants of \$ ) (Revenue \$ 67,835.63) Programming includes three annual meetings, the Province Council, C Redger Wilson Leadership Conference and membership training.  This program is support for community based programming which includes events such as Sude Right (youth development, youth mentoring and youth involvement). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined.  Difference \$ 41,679.31 including grants of \$ ) (Revenue \$ 0,00)  This program is support for community based programming which includes events such as Sude Right (youth development, youth funds for books and support for college age members with funds for books and support for college age members with funds for books and | Form 990 | D (201     | 6)                         |  |  |   |                                 |                        |                 | Page  |
|---|----------|------------|----------------------------|--|--|---|---------------------------------|------------------------|-----------------|-------|
| Programating includes three annual meetings: the Province Council, C Rodger Witson Leadership development and advisors summit These meetings are geared for leadership training.    Regional fractional operations. Organizations supports college educated men with regard to philanthropy, scholarships and youth development.    Percentage   Program        | Part I   | 11         |                            | <del>-</del>                                   | <del>-</del>                                   |   |                                 |                        |                 |       |
| Regional fraternal operations. Organizations supports college educated men with regard to philanthropy, scholarships and youth development.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |          | Della      |                            |  |  | e to any line in th                       | ns Part III .                   | <del> </del>           | <del></del>     |       |
| prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  Code:  (Code:  ) (Expenses \$ 75,607.73 including grants of \$ ) (Revenue \$ 67,635.63)  Programming includes three annual meetings; the Province Council, C Rodger Wilson Leadership Conference and the E. H. Bishop presidents and advisors summit. These meetings are geared for leadership training, leadership development and membership training.  This program is support for community based programming which includes events such as Guide Right (youth development, youth mentoring and youth involvement). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined  (Code:  ) (Expenses \$ 41,679.31 including grants of \$ ) (Revenue \$ 43,098.00)  Membership training for new members. This program includes voter registration, membership training, eliquette and protocol,  | 1        | Reg        | ional fraterr              |  |  | ge educated men                           | with regard to                  | philanthropy, schol    | arships and yo  | outh  |
| If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |          |            |                            |  |  | services during th                        | ne year which                   | were not listed on     | the             |       |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |          | •          |                            |  |  |   |                                 |                        | · 🗌 Yes         | ✓ No  |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 75,607.73 including grants of \$ ) (Revenue \$ 67,635.63) Programming includes three annual meetings: the Province Council, C. Rodger Wilson Leadership Conference and the E. H. Bishop presidents and advisors summit. These meetings are geared for leadership training, leadership development and membership training.  4b (Code: ) (Expenses \$ 10,993.46 including grants of \$ ) (Revenue \$ 0.00) This program is support for community based programming which includes events such as Guide Right (youth development, youth mentoring and youth involvement). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined  4c (Code: ) (Expenses \$ 41,679.31 including grants of \$ ) (Revenue \$ 43,098.00) Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,  |          | Did        | the organ                  | ization cease condu                            |  | nificant changes                          | in how it co                    | nducts, any prog       |                 | ☑ No  |
| Programming includes three annual meetings; the Province Council, C. Rodger Wilson Leadership Conference and the E. H. Bishop presidents and advisors summit. These meetings are geared for leadership training. leadership development and membership training.  4b (Code: ) (Expenses \$ 10,993.46 including grants of \$ ) (Revenue \$ 0.00)  This program is support for community based programming which includes events such as Guide Right (youth development, youth mentoring and youth involvemetr). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined  4c (Code: ) (Expenses \$ 41,679.31 including grants of \$ ) (Revenue \$ 43,098.00)  Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   | 4        | Des<br>exp | cribe the o<br>enses. Sec  | rganization's prograr<br>tion 501(c)(3) and 50 | n service accomplisl<br>1(c)(4) organizations  | are required to re                        | eport the amo                   |                        |                 |       |
| 4b (Code: ) (Expenses \$ 10,993.46 including grants of \$ ) (Revenue \$ 0.00)  This program is support for community based programming which includes events such as Guide Right (youth development, youth mentoring and youth involvement). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined  4c (Code: ) (Expenses \$ 41,679.31 including grants of \$ ) (Revenue \$ 43,098.00)  Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   | 4a       | Prog       | gramming ir<br>sidents and | ncludes three annual r                         | neetings; the Province                         | Council, C Rodg                           |                                 | lership Conference     | and the E. H. B | ishop |
| This program is support for community based programming which includes events such as Guide Right (youth development, youth mentoring and youth involvement). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined  4c (Code:) (Expenses \$ 41,679.31 including grants of \$) (Revenue \$ 43,098.00 )  Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   |          |            |                            |  |  |   |                                 |                        |                 |       |
| This program is support for community based programming which includes events such as Guide Right (youth development, youth mentoring and youth involvement). Additional there is support for 12-17 year old boys and support for college age members with funds for books and supplies. This is our social action and youth programming combined  4c (Code:) (Expenses \$ 41,679.31 including grants of \$) (Revenue \$ 43,098.00 )  Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   |          |            |                            |  |  |   |                                 |                        |                 |       |
| Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   | 4b       | This       | program is                 | support for communi<br>youth involvemetn). A   | ty based programmin<br>dditional there is supp | g which includes e<br>port for 12-17 year | vents such as<br>old boys and s | Guide Right (youth     | development,    | youth |
| Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   |          |            |                            |  |  |   |                                 |                        |                 |       |
| Membership training for new members. This program includes voter registration, membership training, etiquette and protocol,   |          |            |                            |  |  |   |                                 |                        |                 | ·     |
|   | 4c       | Men        | nbership tra               | ining for new member                           | s. This program inclu                          | des voter registrat                       | ion, membersh                   | ip training, etiquette | and protocol    |       |
|   |          |            |                            |  |  |   |                                 |                        |                 |       |
|   |          |            |                            |  |  |   |                                 |                        |                 |       |
|   |          |            |                            |  |  |   |                                 |                        |                 |       |

4d Other program services (Describe in Schedule O.)
(Expenses \$ 10,995.68 including grants of \$ ) (Revenue \$ 13,736.43 )

4e Total program service expenses ▶ 139,276.38

Form 990 (2016)

| Part   | V 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)? If "Yes," complete Schedule A   | 1   |              | ~   |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | <del> </del> | V   |
| 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   |              | -   |
| 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   |              | 1   |
| 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   |              | V   |
| 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   |              | V   |
| 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   |              | V   |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |              | V   |
| 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   |              | V   |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |              | ,   |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  | 7.4 |              | : X |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a | 1000         | ~   |
| 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 |              | ~   |
|        | 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 |              | v   |
|        | 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 |              | ,   |
| e<br>f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e |              | v   |
| 12 a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |              | v   |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |              | v   |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |              | ~   |
| 14 a   | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |              | ~   |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |              | ~   |
| 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  |              | v   |
| 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  |              | v   |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |              | ~   |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |              | ,   |
| 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  |              | ~   |
|        |   |     |              |     |

| Part | V Checklist of Required Schedules (continued)  |                 |          |  |
|------|--|-----------------|----------|--|
|      |  |                 | Yes      | No   |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                      | 20a             |          | 1  |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .   | 20b             |          |  |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |                 |          | -  |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                | 21              |          | 1  |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on    |                 |          |  |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                      | 22              |          | 1  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |                 |          |  |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated          | ļ               |          | ļ  |
|      | employees? If "Yes," complete Schedule J   | 23              | }        | ~  |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than              | <u> </u>        |          |  |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    | l               | İ        | j  |
|      | through 24d and complete Schedule K. If "No," go to line 25a   | 24a             | 1        | 1  |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b             |          | 7  |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |                 |          | <u> </u>   |
|      | to defease any tax-exempt bonds?   | 24c             | 1        | 1  |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d             |          | 1  |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     | <del></del>     |          | <del>                                     </del> |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | 25a             | [ .      | ~  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 1200            |          | <del>ا </del>                                    |
| _    | 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             |          | ~  |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |                 |          |  |
| 20   | current or former officers, directors, trustees, key employees, highest compensated employees, or                | l               |          |  |
|      | disqualified persons? If "Yes," complete Schedule L, Part II   | 26              |          | •  |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         |                 | <u> </u> |  |
|      | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          | }               |          | 1  |
|      | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27              | ]        | 1  |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        | 1312            | 13.      | i de l   |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                              |                 | 4.       |  |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a             | 111 P. 1 | <b>✓</b>   |
| -    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |                 |          | <u> </u>   |
|      | Schedule L, Part IV  | 28b             | 1        | 1  |
| c    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |                 |          |  |
| •    | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           | 28c             |          | ~  |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29              |          | 1  |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   | = -             |          | <u> </u>   |
|      | conservation 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              |          | /  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |                 |          |  |
|      | complete Schedule N, Part II   | 32              |          | ~  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |                 |          |  |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33              |          | /  |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |                 |          |  |
|      | or IV, and Part V, line 1  | 34              |          | ~  |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a             |          | 1  |
| 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? If "Yes," complete Schedule R, Part V, line 2  | 36              |          | ~  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - <del></del> - |          |  |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             | )               | }        |  |
|      | Part VI  | 37              |          | ~  |
| 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              |          | ~  |
|      |  | لتنب            |          |  |

| Part     |  |         |                         |   |
|----------|--|---------|-------------------------|---|
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u></u> | <u> </u>                |   |
|          | 1 1 5  |         | Yes                     | No                                      |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | ł       | i                       |   |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | - 1     |                         | ļ                                       |
| С        | reportable gaming (gambling) winnings to prize winners?  | 1c      |                         | <b>-</b>                                |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |         |                         |   |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 0  | 1       |                         |   |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b      |                         |   |
| _        | Note. If 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      |                         | 1                                       |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b      |                         |   |
| 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)?  | 4a      |                         | <b>✓</b>                                |
| b        | If "Yes," enter the name of the foreign country:   | 1       | ` /                     |   |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  | `.      | . N                     |   |
| E-0      | (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a      | تنشق                    | ~                                       |
| 5a<br>b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b      | -                       | -                                       |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c      |                         | <del>-</del>                            |
| 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      | 1                       | ~                                       |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |         |                         |   |
|          | gifts were not tax deductible?   | 6b      |                         |   |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |         |                         |   |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |         | 70-12                   |   |
|          | and services provided to the payor?  | 7a      |                         | <u> </u>                                |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7b      |                         |   |
| С        | required to file Form 8282?  | 7c      |                         | _                                       |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 70      | 1 1 1 1                 | <b>F</b> 31                             |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e      | · · · · · · · · ·       | <u> </u>                                |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f      |                         | ~                                       |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g      |                         |   |
| ĥ        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h      |                         |   |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |         | ( ) ( ) ( ) ( ) ( ) ( ) |   |
|          | sponsoring organization have excess business holdings at any time during the year?   | 8       |                         |   |
| 9        | Sponsoring organizations maintaining donor advised funds.  | بالخك ، |                         |   |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a      |                         |   |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b      | ×9 ×                    | 1.2                                     |
| 10<br>a  | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12   |         | <b>\</b>                |   |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  | 1.      | `, **                   |   |
| 11       | Section 501(c)(12) organizations. Enter:   | . *     |                         |   |
| а        | Gross income from members or shareholders  |         | ٠ ٪                     | . 4                                     |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources   | ,       | ٠.                      |   |
|          | against amounts due or received from them.)  |         | - 1                     | لــــــــــــــــــــــــــــــــــــــ |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a     |                         | <del></del>                             |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]  |         | i                       | .                                       |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |         |                         |   |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a     |                         |   |
| <b>L</b> | Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which          | 1       | ļ                       | 1                                       |
| b        | the organization is licensed to issue qualified health plans   | 1       |                         | 1                                       |
| С        | Enter the amount of reserves on hand   | 1       | 1                       | 1                                       |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a     | $\neg \dagger$          |   |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b     |                         |   |
|          |  |         | 990                     | (2016)                                  |

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | See ins            | struct                           | ions.  |
|----------|--|--------------------|----------------------------------|--|
| Section  | on A. Governing Body and Management  | <del></del> -      | <u></u> -                        | <u>·                                    </u> |
| Gecti    | on 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 12  | ,                  |                                  |  |
|          | 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.  | ļ ·                | 1                                | i i  |
| ь<br>2   | Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                       |                    |                                  |  |
| 3        | any other officer, director, trustee, or key employee?  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?       | 2                  |                                  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 3                  |                                  | 7  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5                  |                                  | 1  |
| 6        | Did the organization have members or stockholders?   | 6                  | 1                                | -  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a                 | ,                                |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b                 |                                  | ,  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                    |                                  |  |
| а        | The governing body?  | 8a                 | V                                |  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b                 |                                  | ~  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9                  |                                  | 1  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C               |                                  |  |
|          |  | لحجر               | Yes                              | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a                | ~                                | <b> </b>                                     |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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                |                                  | V  |
| 12a      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a<br>12b         |                                  | ~  |
| c        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | 12c                |                                  |  |
| 13       | Did the organization have a written whistleblower policy?  | 13                 |                                  | ·  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14                 |                                  | V  |
| 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?   |                    |                                  | A 0.0  |
| а        | The organization's CEO, Executive Director, or top management official   | 15a                |                                  | السنتفسنا                                    |
| b        | Other officers or key employees of the organization  | 15b                |                                  |  |
| 16a      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  | * % %              | , 2 °<br>, 2 °<br>, 2 °<br>, 2 ° | * **   |
| <b>h</b> | with a taxable entity during the year?   | 16a                |                                  | ~  |
| b        | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 16b                |                                  | ,  |
| Secti    | on C. Disclosure   | 100                |                                  | ـــــ  |
| 17       | List the states with which a copy of this Form 990 is required to be filed ► CA, AZ, NV, OR, WA, UT, HI, AK,   |                    |                                  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply.  | 501(               | c)(3)s                           | only)  |
| 19       | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.                         | erest <sub>l</sub> | oolicy                           | /, and                                       |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re-   | cords:             | <b>&gt;</b>                      |  |

| Form | 990 | (2010 | 5) |
|------|-----|-------|----|

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| hours per officer and a director/trustee) compensation from related organizations or related organizations below dotted of the plant of the plant of the organization organizations organizations organization and the organization organization organizations organization organizati | (F) Estimated amount of other mpensation            |
|--|---|
| stee stee stee stee stee stee stee stee  | from the<br>ganization<br>nd related<br>ganizations |
| (1) Gil Brown 10   | 0   |
| (2) Timothy Woods 10   |   |
| (3) Kenneth Lynn Greer 10 0 0  | 0   |
| (4) Joseph Wilson 5  | 0   |
| (5) Joseph Ellick 5  | 0   |
| (6) Aaron Day 5  | 0   |
| (7) Don Bland 5  | 0   |
| (8) Reggie Simmons 5   | 0   |
| (9) Derrick Fisher   | 0   |
| (10)CJ Ajayi 1 0 0   | 0   |
| (11) Jermaine Robertson 1 0 0  | 0   |
| (12)Brian Levett   | 0   |
| (13)   | <u>-</u>  |
| (14)   |   |

|         | (A)<br>Name and title  | (B) Average hours per week (list any                           | box, office | ot ch<br>unles<br>er and | Pos<br>eck<br>s pe | rson         | than o                       | an<br>tee) | (D)  Reportable compensation from      | (E)  Reportable compensation related |        | (F) Estimated amount of other  |
|---------|--|--|-------------|--------------------------|--------------------|--------------|------------------------------|------------|--|--------------------------------------|--------|--|
|         |  | hours for<br>related<br>organizations<br>below dotted<br>line) |             | Institutional trustee    | Officer            | Key employee | Highest compensated employee | Former     | the<br>organization<br>(W-2/1099-MISC) | organization<br>(W-2/1099-M          |        | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15)    |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| (16)    |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| (17)    |  |  |             |                          |                    |              |                              |            |  |                                      |        | <del></del>  |
| (18)    |  |  |             |                          |                    | _            |                              |            |  |                                      |        | ···  |
| (19)    |  |  |             |                          |                    |              |                              | <u> </u>   |  |                                      |        |  |
| (20)    |  |  |             |                          |                    |              |                              |            |  |                                      |        | <del></del>  |
| (21)    |  |  |             | $\vdash$                 |                    |              |                              |            |  |                                      | -      | ·  |
| (22)    |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| (23)    |  |  |             |                          | _                  |              |                              | -          |  |                                      |        |  |
|         |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| (24)    |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| (25)    |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| 1b<br>c | Sub-total  |  | <br>n A     |                          |                    | <br>         |                              | <b>▶</b>   | 0                                      |                                      | 0      | 0  |
| d       | Total (add lines 1b and 1c)  | not limited  |             |                          |                    |              |                              | <u>▶</u>   | ho received mo                         |                                      | 0,000  | of   |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete s              |  |             |                          |                    |              |                              | emp        | oloyee, or high                        | est comper                           | sated  | Yes No   |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization?         |  |             |                          |                    |              |                              |            |  | ation or indi                        | vidual | 5  |
|         | n B. Independent Contractors   |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| 1       | Complete this table for your five highest compensation from the organization. Repyear.         |  |             |                          |                    |              |                              |            |  |                                      |        |  |
|         | (A)<br>Name and business add   | ress   | `           |                          |                    |              |                              |            | (B)<br>Description of se               | ervices                              | ,      | (C)<br>Compensation  |
|         |  |  |             |                          |                    |              |                              | _          |  |                                      |        |  |
|         |  |  |             |                          |                    |              |                              |            |  |                                      |        |  |
| 2       | Total number of independent contractor received more than \$100,000 of compens                 |  |             |                          |                    |              |                              | th         | ose listed abo                         | ove) who                             |        |  |

| Par  | VIII             |   |          |                 |  |   |   | _  |
|--|------------------|---|----------|-----------------|--|---|---|--|
| 80 *00.Vo.   | entro V vestos I | Check if Schedule O contain                                     | s a res  | ponse or note t |  |   |   |  |
|  |                  |   |          |                 | (A)<br>Total revenue   | (B) Related or exempt function revenue    | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts<br>nts   | 1a               | Federated campaigns   | 1a       | 0               |  |   |   |  |
| 3ra  | b                | Membership dues   |          | 28,470          |  |   |   |  |
| ts, (  | С                | Fundraising events  |          | 0               |  |   | data.                                   |  |
| Gf<br>iar  | d                | Related organizations   |          | 0               |  | 77-267-39                                 |   |  |
| ns,  | е                | Government grants (contributions                                |          | 0               |  |   |   |  |
| er S   | f                | All other contributions, gifts, grant                           |          |                 |  |   |   |  |
| 5 원  |                  | and similar amounts not included abov                           |          | 124,470.06      |  |   |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 9                | Noncash contributions included in lines                         |          | 0               | THE RESERVE OF THE PARTY OF THE |   |   |  |
|  | h                | Total. Add lines 1a-1f  | • •      | Business Code   | 152,940 06   |   |   |  |
| ř  | 2a               |   |          | - Dusiness Code | - Party of the Party of the  |   | <u> </u>                                |  |
| ě  | b                |   |          |                 |  |   |   |  |
| e  | C                |   |          |                 |  |   |   |  |
| eī   | d                |   |          |                 |  |   |   |  |
| E  | e                |   |          |                 |  |   |   |  |
| Program Service Revenue                                | f                | All other program service reve                                  | nue .    |                 |  |   |   |  |
| P  | g                | Total. Add lines 2a-2f  |          | •               | 152,940 06   |   | 3 2 10 1 - 2 2 4 1 2                    | . A. C.          |
|  | 3                | Investment income (includin                                     | g divid  | ends, interest, |  |   |   | _  |
|  |                  | and other similar amounts)                                      |          | ▶               | 0  |   |   |  |
|  | 4                | Income from investment of tax-e                                 | xempt b  | ond proceeds ►  | 0  |   |   |  |
|  | 5                | Royalties   |          |                 | 0  |   |   |  |
|  |                  | (i) F   |          | (ii) Personal   |  |   |   |  |
|  | 6a               | Gross rents   |          | <del></del>     |  |   |   |  |
|  | b                | Less rental expenses  | 0        | -               | OF COMPANY   |   |   | grad.  |
|  | C                | Rental income or (loss)   |          | 1 0             |  |   | 22.02                                   |  |
|  | d<br>  7a        | Net rental income or (loss)  Gross amount from sales of (i) Sec | irities  | (II) Other      | 0  |   | waster and                              |  |
|  | /a               | assets other than inventory                                     | C        | <u> </u>        |  |   |   |  |
|  | b                | Less cost or other basis  |          | ,               |  |   | Kara sa                                 |  |
|  | ~                | and sales expenses .  | C        |                 |  |   |   |  |
|  | С                | Gain or (loss)  |          | ļ               |  |   |   |  |
|  | d                | Net gain or (loss)  |          | ▶               | 0  |   | <u> </u>                                | 3.00   |
|  |                  | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                         |          |                 |  | 8. (23-23)                                |   |  |
| ĭĕ   | 8a               | Gross income from fundraisin                                    | g        |                 |  |   |   |  |
| Ver  |                  | events (not including \$  | 0        |                 |  |   | of the state                            | <b>4</b>   |
| Other Reve   |                  | of contributions reported on line                               | 1c).     |                 |  |   |   |  |
| ē  |                  | See Part IV, line 18  | · a      | 0               |  | A STATE OF                                |   |  |
| ₹  | b                | Less: direct expenses   | . b      | 0               |  |   |   |  |
|  | С                | Net income or (loss) from fund                                  |          | events . ►      | 0  | 10 A 10                                   | · Classocia des Alcoholes, de esseco    | a milas Sive. Alaboras Cambrido Di Carbinos de       |
|  | 9a               | Gross income from gaming ac                                     |          |                 |  |   | 6年的7年6世                                 |  |
|  |                  | See Part IV, line 19  | -        |                 | 14   |   |   |  |
|  | b                | Less: direct expenses   |          |                 |  |   |   |  |
|  | 100              | Net income or (loss) from gan<br>Gross sales of inventory,      |          | ivities P       | 7.56   | 2 5 T 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   | Voliniose ubrehoe Krain 20                           |
|  | 10a              | returns and allowances .  | · a      | ,               |  |   |   | EDA FLIZZ  |
|  | b                | Less cost of goods sold .                                       | . a      |                 |  |   |   |  |
|  | C                | Net income or (loss) from sale                                  |          |                 | 0  | and the second second                     |   |  |
|  |                  | Miscellaneous Revenue   | <b>.</b> | Business Code   | TO THE STATE   |   |   |  |
|  | 11a              |   |          |                 | /  |   |   |  |
|  | b                |   |          |                 |  |   |   |  |
|  | С                |   |          |                 | _  |   |   |  |
|  | d                | All other revenue   |          |                 |  |   |   |  |
|  | е                | Total. Add lines 11a-11d .                                      |          | . •             |  | "相信" 海底江东                                 | ROTE, WE                                | CANADA SALA  |
|  | 12               | Total revenue See instruction                                   | ne       | <b>.</b>        | 152 040 06   | 1   |   | l  |

|             | o (2016)   |                       |                              |                                     | Page 10                               |
|-------------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
|             | IX Statement of Functional Expenses  |                       |                              |                                     |                                       |
| Section     | n 501(c)(3) and 501(c)(4) organizations must com   |                       |                              | s must complete co                  | lumn (A).                             |
|             | Check if Schedule O contains a respon-   | ·                     |                              | <u> </u>                            |                                       |
|             | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses        |
| 1           | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 0                     | 0                            |                                     |                                       |
| 2           | Grants and other assistance to domestic individuals. See Part IV, line 22  | 0                     | 0                            |                                     |                                       |
| 3           | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 0                     | 0                            |                                     |                                       |
| 4<br>5      | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees   | 6,408.34              | 0                            | 0                                   | , , , , , , , , , , , , , , , , , , , |
| 6           | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | o                     | 0                            | o                                   |                                       |
| 7<br>8      | Other salaries and wages   | 0                     | 0                            | 0                                   | 0                                     |
| 9           | section 401(k) and 403(b) employer contributions) Other employee benefits  | 0                     | 0                            | 0                                   | 0                                     |
| 10<br>11    | Payroll taxes  | 0                     | 0                            | 0                                   | 0                                     |
| a<br>b      | Management   | 0 0                   | 0                            | 0                                   | 0                                     |
| d<br>d      | Accounting   | 0                     | 0                            | 0                                   | 0                                     |
| e<br>f<br>g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 0                     | 0                            | 0                                   | 0                                     |
| 12<br>13    | Advertising and promotion  | 0                     | 0                            | 0                                   | 0                                     |
| 14          | Information technology   | 0                     | 0                            | 0                                   | 0                                     |
| 15<br>16    | Royalties  | 0                     | 0                            | 0                                   | 0                                     |
| 17<br>18    | Travel   | 13,723.54             |                              |                                     |                                       |
| 19<br>20    | Conferences, conventions, and meetings . Interest  | 75,607.73<br>0        |                              |                                     |                                       |
| 21<br>22    | Payments to affiliates   | 0                     |                              |                                     |                                       |
| 23<br>24    | Insurance  | 815                   |                              |                                     |                                       |
|             | 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 O.)   |                       |                              |                                     |                                       |
| a<br>b<br>c |  |                       |                              |                                     |                                       |
| d<br>e      | All -Ab and  | 62,853.65             |                              |                                     |                                       |
| 25          | Total functional expenses. Add lines 1 through 24e   | 160,408.26            |                              |                                     |                                       |
| 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) |                       |                              |                                     |                                       |

|                             | art A | Dalance Sneet   | <del>-, ,,</del>         |              |                    |
|-----------------------------|-------|---|--------------------------|--------------|--------------------|
|                             |       | Check if Schedule O contains a response or note to any line in this Pa                  |                          | · · ·        | <u> </u>           |
|                             |       |   | (A)<br>Beginning of year |              | (B)<br>End of year |
|                             | 1     | Cash—non-interest-bearing   | 16,537.49                | 1            | 9,069.29           |
| ı                           | 2     | Savings and temporary cash investments  |                          | 2            |                    |
|                             | 3     | Pledges and grants receivable, net  |                          | 3            |                    |
|                             | 4     | Accounts receivable, net  |                          | 4            |                    |
|                             | 5     | Loans and other receivables from current and former officers, directors,                |                          |              |                    |
| 1                           |       | trustees, key employees, and highest compensated employees.                             |                          |              |                    |
|                             |       | Complete Part II of Schedule L  |                          | 5            |                    |
|                             | 6     | Loans and other receivables from other disqualified persons (as defined under section   |                          |              | / ·                |
|                             |       | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and |                          |              | ે લે કે            |
|                             |       | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary          |                          |              | \$                 |
| Ø                           |       | organizations (see instructions). Complete Part II of Schedule L                        |                          | 6            |                    |
| Assets                      | 7     | Notes and loans receivable, net   |                          | 7            |                    |
| As                          | 8     | Inventories for sale or use   |                          | 8            |                    |
|                             | 9     | Prepaid expenses and deferred charges   |                          | 9            |                    |
|                             | 10a   | Land, buildings, and equipment: cost or   |                          | 1            |                    |
|                             |       | other basis. Complete Part VI of Schedule D 10a   |                          | ·            |                    |
|                             | b     | Less: accumulated depreciation 10b  |                          | 10c          |                    |
|                             | 11    | Investments—publicly traded securities  |                          | 11           |                    |
|                             | 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  |                          | 15           |                    |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)                               | 16,537.49                | 16           | 9,069 29           |
|                             | 17    | Accounts payable and accrued expenses   |                          | 17           |                    |
|                             | 18    | Grants payable  |                          | 18           |                    |
|                             | 19    | Deferred revenue  |                          | 19           |                    |
|                             | 20    | Tax-exempt bond liabilities   |                          | 20           |                    |
| Liabilities                 | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D.                  |                          | 21           |                    |
|                             | 22    | Loans and other payables to current and former officers, directors,                     |                          |              |                    |
|                             |       | trustees, key employees, highest compensated employees, and                             |                          | <u> 198.</u> |                    |
|                             | ļ     | disqualified persons. Complete Part II of Schedule L                                    |                          | 22           |                    |
|                             | 23    | Secured mortgages and notes payable to unrelated third parties                          |                          | 23           |                    |
|                             | 24    | Unsecured notes and loans payable to unrelated third parties                            |                          | 24           |                    |
|                             | 25    | Other liabilities (including federal income tax, payables to related third              |                          |              | ļ                  |
|                             | 1     | parties, and other liabilities not included on lines 17-24). Complete Part X            |                          |              |                    |
|                             | Į     | of Schedule D   | <u> </u>                 | 25           | ļ                  |
|                             | 26    | Total liabilities. Add lines 17 through 25  | 0                        | 26           | 0                  |
| ű                           |       | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and                        |                          |              |                    |
| ခွ                          |       | complete lines 27 through 29, and lines 33 and 34.                                      |                          |              |                    |
| Net Assets or Fund Balances | 27    | Unrestricted net assets   | <del> </del>             | 27           | <del> </del>       |
|                             | 28    | Temporarily restricted net assets   | <del></del>              | 28           | <del> </del>       |
|                             | 29    | Permanently restricted net assets   | - şı                     | 29           | <u> </u>           |
|                             | Į     | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and                 | * ;                      | v            | 1                  |
|                             |       | complete lines 30 through 34.   | <u> </u>                 |              |                    |
|                             | 30    | Capital stock or trust principal, or current funds                                      | <del></del>              | 30           | <del> </del>       |
|                             | 31    | Paid-in or capital surplus, or land, building, or equipment fund                        | <del> </del>             | 31           | <del> </del>       |
| ž,                          | 32    | Retained earnings, endowment, accumulated income, or other funds.                       | 4/ 527 40                | 32           | 00/000             |
| ž                           | 33    | Total net assets or fund balances   | 16,537 49                |              | 9,069.29           |
| _                           | 34    | Total liabilities and net assets/fund balances  | 16,537.49                | 34           | 9,069.29           |

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form 990 (2016)

Schedule O.