

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

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

2016 Open to Public

OMB No 1545-0047

	ırtment or t nal Revenu	ne ireasury 10 Service		► Informa	ition about Form 990 an	d its instr	uctions is	at www.irs.	gov/forms	90.		Inspection
A	For the	2016 calend	lar year, o	r tax year beg				, 2016, and				, 20
В	Check if a				S LINENS INC AN	ARIZON	A CORP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				D Employer identification no.
$\bar{\Box}$	Address c	-		siness as								27-2942800
Ħ.	Name cha	_			pox if mail is not delivered to stre	et address)			Room/s	uite		E Telephone number
Ħ	Initial retui	-		WASHINGTO					270		- 1	receptione number
H		n/terminated			ce, country, and ZIP or foreign po	ntal sada			2,0			16,477
H				nix, AZ 8		stai code						
	Amended					CH			111/3		_	G Gross receipts\$
ш	Application	n penaing		d address of principle as C abo		GN						or subordinates? Yes X No
			501(c)(3)						H(b)			s included? Yes No
<u></u>	Tax-exem		501(c)(3)	501(c) (	) ◀ (insert no )	947(a)(1) or	527	<del></del>				i list (see instructions)
<u></u>		► N/A	1	ο	. П		- T			T		number >
			Corporation	☐ Trust ☐ A	ssociation Other		L Ye	ear of formation	2010	M Stat	e of lega	I domicile AZ
	art I	Summar			-1							
	1			janization's mis	sion or most significant a	ctivities:	RAISE	FUNDS FO	R WOME	N WHO	ARE	IN TREATMENT
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Activities & Governance		<del></del>										
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ies	4			_	ers of the governing body	•	1 653 1			ဖြစ္တါ	4	3
ĕ	5				ın calendar year 2016 (Pa	art V, line 2	2a) 🧓 .	· 1111 · 2 4	3 2017 ·	191	5_	0
Act	6			eers (estimate	- ·		ាស្ត្រា			图:	6	7
					n Part VIII, column (C), lır		. ] - ]	S SINF		J" .	7a	0
	b	Net unrelate	d business	taxable incom	e from Form 990-T, line 3		· · <u>· · ·</u> (		<u> </u>	<u></u>	7b	
							The State of the S	-	F	Prior Year		Current Year
_	8	Contribution	s and gran	its (Part VIII, lin	e 1h)					2	0,30	16,477
une u	9	Program ser	rvice reven	ue (Part VIII, li	ne 2g)				L			0
Revenue	10	Investment :	income (Pa	art VIII, column	(A), lines 3, 4, and 7d)				<u></u>			0
ž	11	Other reven	ue (Part VI	III, column (A),	lines 5, 6d, 8c, 9c, 10c, a	nd 11e)			<u>L</u> .			0
	12	Total revenu	<u>ue - add line</u>	es 8 through 1	l (must equal Part VIII, co	lumn (A), I	ine 12)			2	0,30	16,477
	13	Grants and	sımılar amo	ounts paid (Par	t IX, column (A), lines 1-3	) .						0
;	14	Benefits paid	d to or for r	members (Part	IX, column (A), line 4)							0
. <b>.</b>	15	Salaries, oth	ner comper	nsation, employ	ree benefits (Part IX, colu	mn (A), line	es 5-10)					0
Š	16a	Professional	l fundraisin	g fees (Part IX	, column (A), line 11e)							0
Expenses	b	Total fundra	ising exper	nses (Part IX, o	column (D), line 25)			0				
Ă	17	Other expen	nses (Part I	IX, column (A),	lines 11a-11d, 11f-24e)					2	3,52	6 24,122
	18	Total expens	ses Add li	ines 13-17 (mu	st equal Part IX, column (	A), line 25	) .			2	3,52	24,122
	19	Revenue les	ss expense	s. Subtract lin	e 18 from line 12						3,22	
	8								Beginnin	g of Currer	nt Year	End of Year
ets	E 20	Total assets	(Part X, lir	ne 16)						-	6,67	<del>                                     </del>
Net Assets or	e 21	Total liabilitie										0
Š	[ 22				t line 21 from line 20					1	6,67	8 0
P	art II	Signatu	re Bloc	k								<del></del>
Un	der penalti	es of penjury, I de	eclare that I ha	eve examined this	etum, including accompanying s	chedules and	statements, a	and to the best of	my knowled	ge and belie	ef, it is	
- true	e, correct, a	and complete De	eciaration of p	reparer (other than	officer is based on all information	n of which pre	eparer nas an	y knowledge	<del></del>	<del></del>		<del>_</del>
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Si	gn	Signatu	re of officer			12	<b>V</b> —	Da			Date	<b>—</b> / —
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Ma	y the IRS	S discuss this	s return wit		shown above? (see instru	ictions)						. Yes 🗓 No
							<u></u>					

Form **990** (2016)

orm	990 (2016) LINS LINENS INC AN ARIZONA CORP	27-2942800	Page 2
Par	t'III Statement of Program Service Accomplishments	·	
	Check if Schedule O contains a response or note to any line in this Part III	<del> <sub></sub></del>	<u> 🔲 </u>
1	Bnefly describe the organization's mission:		
	RAISE FUNDS FOR WOMEN WHO ARE IN TREATMENT FOR CANCER		
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>-</b>
	prior Form 990 or 990-EZ?	. 📙 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	🗋 Yes	<b></b>
		L Tes	<u>™</u> NO
	If "Yes," describe these changes on Schedule O.	and have	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, if any, for each program service reported.	mers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ including grants of \$) (Revenue	\$	١ - ١
4a	COMPLETED HEALING SANCTUARY'S FOR 5 INDIVIDUALS IN 2016	Ψ	
	COMPUBLED REALING SANCTUARY D FOR 3 INDIVIDUALS IN 2010		
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4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			<del> </del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
			<u>-</u>
			-
44	Other program converse (Decembe in Schedule O.)		
4d	,	)	
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)	

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes." complete Schedule C. Part II 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. Х 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 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 . . . . . . . X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х d Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets X 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a 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 X 12b X 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 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) X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

Part IV

Checklist of Required Schedules (continued)

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ....... 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 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 Schedule K. If "No," go to line 25a Х 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or  $\mathbf{X}_{-}$ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34  $\bar{\mathbf{x}}$ 35a 35a 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 Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 19? Note. All Form 990 filers are required to complete Schedule O 38

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	] ;		į
	reportable gaming (gambling) winnings to prize winners?	1c		X
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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	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		X
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) <sup>2</sup>	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X_
b	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?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
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			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b	_,	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>!</b> _		7.
8	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?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
0	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?			v
9	Sponsoring organizations maintaining donor advised funds.	8		X
a	Did the sponsoring organization make any taxable distributions under section 4966?	00		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
10	Section 501(c)(7) organizations. Enter:	30		<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		į
а	Gross income from members or shareholders		-	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ĺ
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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. Enter the number of voting members included in line 1a, above, who are independent 1b ь 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 2 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 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? . . Х 7b . . . 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a **10a** Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Did the organization have a written document retention and destruction policy? 14 14 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 The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . 15a Other officers or key employees of the organization 15b 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 arrangement X with a taxable entity during the year? . . . . 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Upon request ☐ Other (explain in Schedule O) Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, 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: MICHAELINE STEVENS (973)479-1742, 1 E WASHINGTON STREET, Phoenix, AZ 85004

Form	990	(2016)	

LINS LINENS INC AN ARIZONA CORP

27-2942800

age 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	1	(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					nan one s both a		Reportable	Reportable	Estimated
	hours per week (list any	offic	er and	da dı	rector	r/trustee)	)	compensation from	compensation from related	amount of other
	hours for	0 =	=			0 I		the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	mplo	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ctor	trona	, '	nplo	yee	-			and related
	iiiie)	uste	trus		/ee	npen			•	organizations
			8			Highest compensated employee				
	}					_				
//\ T.T. D.T.O.T.									ļ	
(1) LIZ BALOGH PRESIDENT	<b></b>		İ	X				,	0	0
(2) MICUARI IND COMPURNO									1	
VP TREASURER				Х		[		(	0	0
(3) LIN M SALERNO										
SECRETARY		L		_X					0_	0
<u>(4)</u>										
(P)		ļ		_				<u> </u>		
(5)									1	
(6)	<del> </del>	<u> </u>		_	_					
16		! 							1	
(7)									Ţ	1
				<u></u>						
(8)					'					
(9)	<del> </del> -		_	_					<del>-</del>	
(9)								i	İ	1
(10)									<del> </del>	
(11)								- -	}	
		ļ			<u> </u>		<u> </u>		<del> </del>	<u> </u>
(12)										
(13)	<del>                                     </del>	-					-		<del> </del>	
(13)										
(14)		<del>                                     </del>							<del> </del> -	
					<u> </u>		<u> </u>			
										=

	(A) Name and title	(B)  Average hours per week (list any hours for related related position (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Formula (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Formula (C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other npensation from the ganization d related anizations		
 [15)												<del></del>
16)												
17)			-									
18)												
19)												
20)												
21)												
		<u> </u>				_		<u> </u>				
<u>25)                                    </u>		<u> </u>						_				
c Tota	-total	on A	•					-		0 0		
	I number of individuals (including but not limited rtable compensation from the organization	to those liste	ed abo	ve) \	who	rece	eived r	nore	than \$100,000 of	0		
emp	the organization list any <b>former</b> officer, director, loyee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> J	for such ind	ividual								3	Yes No
orga <i>ındı</i> ı	any individual listed on line 1a, is the sum of reprinization and related organizations greater than indual	\$150,000? <i>If</i>	"Yes," 	con	nple: 	te S	chedu	le J	for such		4	x
for s	any person listed on line 1a receive or accrue or ecruices rendered to the organization? If "Yes," of a line pendent Contractors			-			-		tion or individual	<u></u>	5	Х
1 Com	plete this table for your five highest compensation from the organization. Report compe											
	(A) Name and business address								Description of			(C) pensation
						_						
	al number of independent contractors (including eved more than \$100,000 of compensation from			ose	liste	d at	ove) v	vho				

Form 99	0 (20	16) LINS LINENS	INC AN	ARIZONA CORP			27-2942	2800 Page 9
Part \	/III	Statement of Revenue			<del></del>			
		Check if Schedule O contains a res	sponse or n	ote to any line in thi	s Part VIII (A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included about the contributions included in line total. Add lines 1a-1f	. 1b . 1c . 1d . 1e	16,477	16,477			
Program Service Revenue	2a b c d e f	All other program service revenue		Business Code	10,177			
	3 4 5	Investment income (including dividence and other similar amounts) Income from investment of tax-exemp Royalties	t bond proc	eeds ▶				
	b	Gross rents	(i) Real	(ii) Personal			-	
	7a b	Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)	Secunties	(II) Other				
Other Revenue	Ь	Gross income from fundraising events (not including \$	b					
	9a b	Gross income from gaming activities.  See Part IV, line 19  Less: direct expenses  Net income or (loss) from gaming activities.	a					
	ь	Gross sales of inventory, less returns and allowances	<b>b</b>					
	1			Business Code				
	i	Total revenue. See instructions			16.477		d	d

Form 990 (2016)

## Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all coll				
	Check if Schedule O contains a response or note to a		(B)	(C)	<u> </u>
	of include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	o, and 10b of Part VIII.		ехрепаса	general expenses	TOTAL TOTAL
	Grants and other assistance to domestic organizations				
	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				
	ındividuals 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 disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<del></del> .
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<u></u>		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	<u> </u>			
С	Accounting	100	100		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		!		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,087	1,087		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	•		<u> </u>	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			1	
а	rental storage unit	3,396	3,396		
h	outside serv contractors	615	615		
	postage amil services	307	307		
d	printing	444	444		
а е	All other expenses	18,173	18,173		
_	Total functional expenses. Add lines 1 through 24e	24,122	24,122	0	0
25 26	Joint costs. Complete this line only if the	41,124	41,122	†	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<del></del>	Form 990 (2016)

**Balance Sheet** 

Part X

·		Check if Schedule O contains a response or note to any line in this Part X	<u>.</u>		
•			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,588	1	•
	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,			
		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			in the same of the same of
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			1
İ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
,		organizations (see instructions) Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	12,090	8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		<u> </u>	
		other basis. Complete Part VI of Schedule D   10a			
	ь	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	<del></del>	11	<del></del>
	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)	16,678	16	0
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors,			***************************************
Liabilities		trustees, key employees, highest compensated employees, and			
iab		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			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
T.		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
jo s		complete lines 30 through 34.			
Sets	30	Capital stock or trust principal, or current funds		30	•
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	16,678	32	
-	33	Total net assets or fund balances	16,678	33	0
	34	Total liabilities and net assets/fund balances	16,678	34	0

Form	990 (2016) LINS LINENS INC AN ARIZONA CORP	7-294280	0	P	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
`1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,	477
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,	122
3	Revenue less expenses. Subtract line 2 from line 1	3		(7,	645)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,	678
5	Net unrealized gains (losses) on investments	5			
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9,	033_
Pai	† XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🔲 </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🖾 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			<u>.</u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	separate basis, consolidated basis, or both:			ľ	
	Separate basis Consolidated basis Both consolidated and separate basis			 <del> </del>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ŀ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			į.	
	Schedule O			ļ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	l	
EEA			Form	990 (	2016)

#### **SCHEDULE A**

### **Public Charity Status and Public Support**

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

2016

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Name	Of the	organization					Employer Identific	ation number						
LIN	S L	INENS INC AN ARIZONA CORI	P				27-29428	00						
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must c	omplete	this par	t.) See instruction	1S						
The	orgai	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check onl	y one box.	)								
1	Ш	A church, convention of churches, or a	association of chur	ches described in <b>sectio</b>	n 170(b)(1	)(A)(i).								
2		A school described in section 170(b)	( <b>1)(A)(ii)</b> . (Attach S	schedule E (Form 990 or	990-EZ).)									
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	D(b)(1)(A)(	ii).								
4		A medical research organization opera	ated in conjunction	with a hospital described	d in section	170(b)(1	)(A)(iii). Enter the							
		hospital's name, city, and state:												
5		An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vernment	al unit described in							
		section 170(b)(1)(A)(iv). (Complete F	Part II.)											
6		A federal, state, or local government of	or governmental un	it described in section 1	70(b)(1)(A	(v).								
7		An organization that normally receives	s a substantial part	of its support from a gov	ernmental	unit or fror	n the general public							
		described in section 170(b)(1)(A)(vi).	. (Complete Part II.	)										
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)										
9		An agricultural research organization of	described in <b>sectic</b>	on 170(b)(1)(A)(ix) opera	ited in conj	unction wi	th a land-grant college	)						
		or university or a non-land-grant collection	ge of agriculture (se	ee instructions). Enter th	e name, cit	y, and stat	te of the college or							
	university:													
10	X	X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
		support from gross investment income	e and unrelated bus	siness taxable ıncome (le	ess section	511 tax) f	rom businesses							
		acquired by the organization after Jun	e 30, 1975. See <b>s</b> e	ection 509(a)(2). (Compl	ete Part III.	)								
11		An organization organized and operate	ed exclusively to te	est for public safety. See	section 50	9(a)(4).								
12		An organization organized and operate	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	es						
		of one or more publicly supported orga	anızations describe	ed in <b>section 509(a)(1)</b> o	r section 5	09(a)(2).	See <b>section 509(a)</b> (3)	).						
		Check the box in lines 12a through 12	d that describes th	e type of supporting orga	anization ai	nd comple	te lines 12e, 12f, and	12g.						
	а	☐ Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported o	rganızatıoı	n(s), typically by giving	3						
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the du	ectors or t	rustees of the							
		supporting organization. You mus	st complete Part I	V, Sections A and B.										
	b					_								
		control or management of the sup	porting organizatio	n vested in the same per	rsons that	control or r	manage the supported	!						
		organization(s). You must compl	lete Part IV, Section	ons A and C.										
	С	☐ Type III functionally integrated.					. •	₹,						
		its supported organization(s) (see	•	•	•									
	d	☐ Type III non-functionally integra		•			• •	٠,						
		that is not functionally integrated.				•	nt and an attentivenes	S						
		requirement (see instructions) Yo	-		-									
	0	Check this box if the organization				a Type I,	Type II, Type III							
	_	functionally integrated, or Type III			ınızation.									
	f	Enter the number of supported organic							L					
	<u>g</u>	Provide the following information about					<del></del>							
	(	i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amou						
				above (see instructions))	docum		instructions)	instruct	•					
					<del></del>		Ì							
		<del></del>			Yes	No								
(A)														
_					<del> </del>	<del>                                     </del>								
(B)														
—					<del> </del>									
(C)														
				<del></del>	<del> </del> -	<del> </del>	<del> </del>							
(D)														
_		<del></del>	<del></del>	<u> </u>	<del> </del> -	<del> </del>	<del> </del>							
(E)							]							
					<u> </u>		<del> </del> -							
					1									

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

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

Sec	tion A. Public Support								
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3			<u> </u>	- 117-111111111111111111111111111111111	ļ.,,			
5	The portion of total contributions by				1				
	each person (other than a				}				
	governmental unit or publicly		=						
	supported organization) included on		·		•				
	line 1 that exceeds 2% of the amount						1		
	shown on line 11, column (f)			<u></u>	<u> </u>				
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10 .								
12	Gross receipts from related activities, etc. (s	see instructions)				. 12			
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					<b>&gt;</b> 🗆		
	tion C. Computation of Public S								
14	Public support percentage for 2016 (line 6,						<u>%</u> %		
15	Public support percentage from 2015 Sched						76		
16a	33 1/3% support test - 2016. If the organiz						. □		
L	box and stop here. The organization qualifi						🟲 📋		
b		33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
47-		•					🕨 🗆		
17a	10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is								
	<del>_</del>	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
							. □		
	•				16h es 17e end		🕨 🗀		
b	10%-facts-and-circumstances test - 2015	=				mre			
	15 is 10% or more, and if the organization in				•	dialy			
	Explain in Part VI how the organization mee			_		-	<b>.</b> □		
40	supported organization						· · · · · • · · ·		
18	instructions						▶ □		

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,763	15,873	19,549	20,301	16,476	76,962
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					20,2.4	70,302
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,763	15,873	19,549	20,301	16,476	76,962
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		.,				
8	Public support. (Subtract line 7c from	1					
500	tion B. Total Support						76,962
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(a) 2016	/D Total
9	Amounts from line 6	4,763	15,873	19,549	(d) 2015 20,301	(e) 2016 16,476	(f) Total 76,962
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,763	15,873	19,549	20,301	16,476	76,962
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	4,763	15,873	19,549	20,301	16,476	76,962
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	9,526	31,746	39,098	40,602	32,952	153,924
14	First five years. If the Form 990 is for the organization, check this box and stop here					)	▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f)	)		15	50.00 %
16	Public support percentage from 2015 Schedu	ile A, Part III, line 1	5	<u>.</u>		16	50.00 %
Se	ction D. Computation of Investme		centage				
17	Investment income percentage for 2016 (line	10c, column (f) divi	ded by line 13, col	umn (f))		17	50.00 %
18	Investment income percentage from 2015 Sc	hedule A, Part III, II	ne 17		[	18	50.00 %
19a	33 1/3% support tests - 2016. If the organiza	ation did not check and <b>stop here.</b> The	the box on line 14, organization quali	and line 15 is more fies as a publicly si	e than 33 1/3%, and upported organizati	d line	▶ 🗆
b	33 1/3% support tests - 2015. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not check abox and stop here.	a box on line 14 or The organization o	line 19a, and line 1 jualifies as a public	16 is more than 33 ly supported organ	1/3%, and ization	▶□
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b,	check this box and	d see instructions		. ▶ 🗓

Supporting Organizations Part IV

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

S	۵۲	tion	Δ	ΔΙΙ	Supporting (	Organiz	ations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3b	•	
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A (F		0 or 990	)-EZ) 2016

Par	Supporting Organizations (continued)			
`.	_		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Ī		
	<del>-</del>	11a		
		11b		
		11c		
Sect	ion B. Type I Supporting Organizations			
_	Did the discrete as touch as a second by face a second by F		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	]		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	Ī		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		į
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	1	1
Sect	ion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations		1	
4	Did the organization provide to each of its supported organizations, but he less day of the 66th war the 64th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			i
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		ĺ
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	ıs):
	The organization satisfied the Activities Test. Complete line 2 below.			
	<ul> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	/nn=	inct-	intin
_	Activities Test. Answer (a) and (b) below.	(see	$\overline{}$	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	1		ı
	those supported organizations and explain how these activities directly furthered their exempt purposes,	[		
	how the organization was responsive to those supported organizations, and how the organization determined	1		į
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			***********
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	]		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
		2b	_	L
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ing trust	on Nov. 20, 1970 (exp	plain in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	anizatior	ns must complete Sect	tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<del></del>
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<del> </del>
6 Portion of operating expenses paid or incurred for production or	<del>-   •  </del>		<del> </del>
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<del>- </del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<del></del>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	f		•
a Average monthly value of securities	1a	<u> </u>	<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<del> </del>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		····· · · · · · · · · · · · · · · · ·	
factors (explain in detail in Part VI):			-
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	<del> </del>	<del></del>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	nt.		<del></del>
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<del>++ · ,,4,** · ,,144 · · , ,,=· · · · , ,,</del>	***
2 Enter 85% of line 1	2	······································	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	# .	"
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	······································	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		······································	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ally-integ	rated Type III support	ing organization (see
instructions).	, -		• • •

27-2942800

Page	7

	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
`Sec	tion D - Distributions			Current Year
`1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ļ		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	tions		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		<del>100 (0 1 1100)   1 1000   1 11000</del>	
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:		<del>,, ' ' ,  ,''  ,,  '' '</del> ,,	
a				······································
b		, <del>                                     </del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-1' , 11 <sup>11'</sup>
C	From 2013			
	From 2014	1,141 ,1744 , 17	-++··	
e	From 2015			
f	Total of lines 3a through e		· ,;;· ,;;· ,;;· ,;;· ,;;· ,;;· ;	<del></del>
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	, , , , , , , , , , , , , , , , , , ,	(F)	
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		114111 11411	
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
_				

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

LINS LINENS INC AN ARIZONA CORP	27-2942800
01. Member election for additional members (Part VI, line 7a)	
vote by members	
02. Governing body meeting documentation (Part VI, line 8a)	
vote of membership	
	·
03. Committee meeting documentation (Part VI, line 8b)	
general meeting	
04. Form 990 governing body review (Part VI, line 11)	
officers review 990 at next meeting	
05. Governing documents, etc, available to public (Part VI, line 19)	
upon request	