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Eor	<u> </u>	90	ſ				on Exempt F				\vdash	OMB No. 1545-0047
For			1				the Internal Revenue umbers on this form				١,	2016 Open to Public
		f the Treas nue Service					nd its instructions is				_ L`	Inspection
Ā	For th	e 2016 c	alendar				, and ending 12					
В	Check if a	pplicable:	C Name of	organization						D Employe	r Identif	ication number
	Address o	change			SRS RAISE	THE ROO	F FOUNDATION	N, INC	<u> </u>			
	Name cha	ange		and street (or P.O.	box if mail is not delive	red to street add	mess)	—г	Room/suite	46-1		
	Initial retu	ım		•	FOREST DR							-2232
	Final retur		City or to	own, state or provin	ce, country, and ZIP or	foreign postal co	de	-				
Ä	Amended	_		NNEY		rx 75070	<u> </u>			G Gross red	erpts\$	79,44
H				nd address of princi	pal officer				H(m) is this a gr	oup return for	subordina	tes Yes X N
	Аррисацю	n pending		H ROSS	= =0D=dm	DD #40				•		Yes N
					E FOREST		75070		H(b) Are all su	oordinates in: ," attach a list		
_	Tay aya	mpt status		INNEY 501(c)(3) 50	01(c) () 4 (insert no.)	4947(a)(1) or	527	┤	,	. (400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>, </u>	Website						ation.org/	1	H(c) Group ex	emption num	her 🕨	
<u>.</u>		organization				Other >	<u> </u>	IL Y	ear of formation 2			te of legal domicile: T2
F	art I		ımmary									
	1 1	Briefly de	scribe the	e organization'	s mission or most	significant ac	tivities:					
92			Sched							• • • • • • • • • • • • • • • • • • • •		
Tar	╽.											
Governance	١.			щ	<u>.</u>							
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රේ ගු					e governing body		na) (Part VI, line 1b)			. 3	7	
ŧ	5	Total nur	ol illuepe nher of in	dividuals empl	embers or the gov oved in calendar v	renning body rear 2016 (P:	art V, line 2a)		•••	5	0	
Activities					nate if necessary)		·····				25	
•							942-11 /FT		• • • • • • • • • • • • • • • • • • • •	7a		C
_	ы	Net unre	lated bus	iness taxable ir	e from Part VIII, concome from Form	990-T, line 3			·····	. 7b		
						•	10	SS. T	Prior Ye			Current Year
9	8	Contribui	tions and	grants (Part VI	III, line 1h) III, line 2g)	2 ··· NO'	√ 2 ·7·2017····	Ω¦		8,923 8,210		79,445
Revenue					umn (A), lines 3, 4	(and 7d)		述!… 		0,210		
æ					(A), lines 5, 6d, 8		AGAN III	· · · • • • • • • • • • • • • • • • • •				
					igh 11 (must equa			· · · · · ·	88	7,133		79,445
					(Part IX, column				38	5,571		52,500
	14	Benefits	paid to or	for members	(Part IX, column (A	A), line 4)						
es Se							mn (A), lines 5-10)		- 			
Expenses					art IX, column (A),			<u>.</u> }				
Š					IX, column (D), li					0 672		31
_	17	Other ex	penses (I	-aπ IX, column	(A), lines 11a-11	(d, 111–246)	A), line 25)	}		9,672 5,243		52,531
							A), iiile 25)			$\frac{3,2+3}{1,890}$	-	26,914
5	<u> </u>	- CVEIIGE	icss exp	enses. Obblig	st line to front line	<u> </u>			Beginning of Cu	rrent Year		End of Year
Assets or	g 20 '	Total ass	sets (Part	X, line 16)						0,638		507,326
\$3 \$3	3 -:	Total liat	olities (Pa	nt X, line 26)						0,226		10,000
Ž					otract line 21 from	line 20		<u> </u>	47	0,412		497,326
	<u>Part II</u>			e Block				dan est de		46-1 : 1		
t	inder pe rue, com	enantes of rect, and a	r perjury, l ∈ complete. I	geciare that I has Declaration of pr	ve examined this ret eparer ather than o	turn, including officer) is based	accompanying schedu d on all information of v	uies and stat which prepa	tements, and to rer has anv kno	tne best of Medge.	my knov	meage and belief, it
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ેં Si	gn		Signature of	officer	/					Date	11	15/17
> He	_		RICH	ROSS	<i>v</i>			EXECU	TIVE DI	RECTO	\mathbf{R}''	70/17
. ¬		j		name and title								
2.3		Print/Typ	oe preparer's	name		Preparer's sign	ature		Date	Check	if	PTIN
Pa		DAVID	KESEL		30 TF 7	DAVID KES	RL		11/1	/17 self-er	nployed	P00184854

David M. Kesel, CPA Firm's EIN <u>45-4002407</u> **Use Only** 4833 Medical Center Dr Ste 6A 972-734-1040 X Yes No Form 990 (20%) McKinney, TX 75069 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. DAA

art III Stat		ntains a response or n	ote to any line in this	s Part III		\mathbf{x}
Briefly describe	the organization's mission					
ee Sched	lule O					
						•
Did the organiz	ation undertake any sign	ificant program services duri	ing the year which were n	ot listed on the		
prior Form 990	• •				[] Yes 🗶 No
•	be these new services on					
Did the organiz	ation cease conducting, of	or make significant changes	in how it conducts, any p	rogram	_	Yes X No
	be these changes on Sch	edule O.		•		j les <u>za</u> j No
	-	vice accomplishments for ea	ach of its three largest pro	gram services, as m	neasured by	
expenses. Sect	tion 501(c)(3) and 501(c)	(4) organizations are require	ed to report the amount of	grants and allocatio	ns to others,	
the total expens	ses, and revenue, if any,	for each program service re	ported.			
(Code) (Expenses \$	ıncludıng	grants of\$) (Rev	enue \$	
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Form 990 (2016) SRS RAISE THE ROOF FOUNDATION, INC.46-1004477 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1 1		
	complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<u> 2</u>		X
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		x
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		X
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		X
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			72
_	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
^	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	- {		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ا ا		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	 "		
• •	VII, VIII, IX, or X as applicable.			
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		_x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	[
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
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	1445		х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		^
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
			. 990	

	art IV Checklist of Required Schedules (continued)				age 4
20-	Did the accounting an area on or mare beginted facilities? If "Voo." complete School of		000	Yes	
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		X
21	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	x	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	•	1-		├─
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		122		┝┻
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1		Ĭ
	employees? If "Yes," complete Schedule J		23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	••	1		1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	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		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	• • •	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	•	234		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1.00		 ^
	current or former officers, directors, trustees, key employees, highest compensated employees, or				1
	disqualified persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	•			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled] .		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	•			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				Ì -
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		X
С	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	ĺ .	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	••	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	•			
	Part I		31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		_x_
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_		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				
	or IV, and Part V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	•		_	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	•			
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		_ X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- -			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	İ	1
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note. All Form 990 filers are required to complete Schedule O.		38		x

	990 (2016) SRS RAISE THE ROOF FOUNDATION, INC.46-1004477		P	age 5
Pa	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number reported in Sox 3 or 1 of in 1056. Enter 40- in not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		ļ -
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
·	reportable gaming (gambling) winnings to prize winners?	1c	C 22	F
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>"</u>		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		¥.	ĺ
ь	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		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	Į i		
	account)?	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	- 58.		
	(FBAR).		- E	. '
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}		
	gifts were not tax deductible?	6b	-7	
7	Organizations that may receive deductible contributions under section 170(c).	75	· ·	Ē:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	£ .	F.g.	
	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	=	
d	If "Yes," indicate the number of Forms 8282 filed during the year	.]	**	e
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		-
•	sponsoring organization have excess business holdings at any time during the year?	8	2.	
9	Sponsoring organizations maintaining donor advised funds.	-	-	'
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	-	
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	-		
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 - 1	· 🖭	± :
11	Section 501(c)(12) organizations. Enter	۱ '	· £	-
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
	against amounts due or received from them.)			
12a		12a		
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.	1 1		'
a	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1		İ
-	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		i i
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		_ _==
			. 000	(2016)

5900 S LAKE FOREST DR STE 400

TX 75070

469-424-2295

RICH ROSS

MCKINNEY

DAA

Form 990 (20 ⁻	16) SRS RAISE THE ROOF FOUNDATION, INC.46-1004477	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Independent Contractors	Employees, an
	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	
4a Camplete	this table for all paragraph required to be listed. Bonart companyation for the colondar year anding with as within the	

- 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.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (F) Name and Title Reportable Average Position Reportable Estimated hours per (do not check more than one compensation compensation from amount of related week box, unless person is both an from other organizations compensation (list any officer and a director/trustee) hours for organization (W-2/1099-MISC) from the (W-2/1099-MISC) related nstitutional trustee (ey employee organization and related organizations idual trustee below dotted organizations line) (1) RON ROSS 2.00 CHAIRMAN 0.00 X 0 0 0 (2) DAN TINKER 2.00 PRESIDENT 0.00 X 0 0 0 (3) JOHN DAVIS 2.00 SECRETARY 0.00 X 0 0 0 (4) GARY SWAN 2.00 ASSISTANT SECRETARY 0.00 X 0 0 0 (5) DON MOSELEY 2.00 DIRECTOR 0.00 X 0 0 0 (6) RICH ROSS 2.00 EXECUTIVE DIRECTOR 0.00 X 0 0 0 (7) (8) (9) (10)(11)

Form 990 (2016)

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Form 990 (2016)

	1 990 (2016) SRS RAIS rt VII Section A. Officer		_		_	_				4477 ated Employees (continue	Page Page
<u>. I . G</u>	(A) Name and title	(B) Average hours per week (list any	(dd	not o	Pos check ess pe	C) sition more erson	than o	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	· · · ·							<u> </u>			
<u>.</u>						_					
				<u> </u>			_	_			
					_	\ \ \ \ 					
	· · · · · · · · · · · · · · · · · · ·										
1b c d 2	Sub-total Total from continuation sh Total (add lines 1b and 1c) Total number of individuals (i	·					listed	▶ ▶ •	nove) who received more th	2n \$100 000 of	
	reportable compensation from	n the organization	on 🕨	0					——————————————————————————————————————		Yes No
3	Did the organization list any f	former officer, d	irect	or, c	r tru	stee	, key	em	nployee, or highest compe	nsated	
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related organization and related organization."	ne 1a, is the sur	n of	геро	rtab	le co	mpe	nsa	ation and other compensati		3 X 4 X
5	Did any person listed on line for services rendered to the									or individual	5 X
	tion B. Independent Contrac	tors									
1	Complete this table for your t compensation from the organ	nızation. Report							endar year ending with or i	within the organization's tax	
	Name and	(A) d business address		_				\vdash	Descri	(B) otion of services	(C) Compensation
				_							
								-			
2	Total number of independent	t contractors (inc	cludi	ng b	ut no	ot lin	nited	to t	those listed above) who		

Form 990 (2016) SRS RAISE THE ROOF FOUNDATION, INC.46-1004477

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from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720).

Form 990 (2016) SRS RAISE THE ROOF FOUNDATION, INC.46-1004477

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 289,938 112,511 Cash-non-interest bearing ... 2 Savings and temporary cash investments 350,700 385,220 3 3 Pledges and grants receivable, net . . . 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 100 b Less accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets Other assets. See Part IV, line 11 15 640,638 507,326 Total assets. Add lines 1 through 15 (must equal line 34) 109,226 Accounts payable and accrued expenses 61,000 10,000 Grants payable _ _ _ _ _ 19 19 Deferred revenue Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 170,226 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 215,412 <u>242,326</u> 27 Unrestricted net assets 255,000 <u>255,000</u> Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 497,326 470,412 33 33 Total net assets or fund balances 640,638 507,326 Total liabilities and net assets/fund balances

Form	1 990 (2016) SRS RAISE THE ROOF FOUNDATION, INC.46-1004477			Pag	<u>ge 12</u>
, Pà	irt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			445
2	Total expenses (must equal Part IX, column (A), line 25)	2		52,!	531
3	Revenue less expenses. Subtract line 2 from line 1	3		26,	914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	70,4	412
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	49)7 _. :	326
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		•		
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		['
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				,
	Schedule O.			ı. I	
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			.	۱ ۱
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b	.	х
	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			i	
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			, '-	
	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	•			
	Schedule O			. 1	ł
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			,]	ĺ
	the Single Audit Act and OMB Circular A-133?		3a	_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-		\Box	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		SRS	RAISE	THE	ROOF	FOUNDAT	CION,	INC.	46-100	4477
Part	I Reas	on for F	Public Cha	arity S	Status (A	II organizatio	ons must	comple	ete this part.) See instru	uctions.
The org	anization is no	t a private	foundation b	ecause	ıtıs (Forli	nes 1 through 1	2, check o	nly one b	ox.)	 -
1 🗂						urches describe				
2						n Schedule E (F				
3	₹					on described in				
4	_ ' '	•	-		-				ion 170(b)(1)(A)(iii). Enter th	ie hospital's name.
٠ ـ	city, and stat		3-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				,
5	An organizat	ion opera				r university owr	ned or oper	ated by a	governmental unit described	I in
	section 170							470/5/41	/AM-3	
6	≍		_	-		unit described i				1.1
7 _	J An organizat _ described in					• • •	t from a go	vernmen	tal unit or from the general pu	JOIIC
8	A community	trust des	cribed in sec	tion 17	0(b)(1)(A)(vi). (Complete f	Part II.)			
9									onjunction with a land-grant of city, and state of the college	
10 🔀	receipts from support from	n activities gross inv	related to its	s exemp	t functions- l unrelated	-subject to cer	tain except le income (ions, and less sect	utions, membership fees, and (2) no more than 33 1/3% of ion 511 tax) from businesses III.)	gross
11						test for public				
12									ctions of, or to carry out the pu	
_	of one or mo Check the b	ore publicly ox in lines	y supported o 12a through	organiza 12d tha	itions descr at describes	ribed in section is the type of sup	509(a)(1) porting org	or sectio janizatioi	n 509(a)(2). See <mark>section 50</mark> 9 n and complete lines 12e, 12f	9(a)(3). , and 12g
а	the supp	orted orga	anızatıon(s) t	he powe	er to regula		ect a majoi		d organization(s), typically by directors or trustees of the	giving
b		-			-			th its sup	ported organization(s), by ha	ving
-	control	r manage	ment of the s	supporti	ng organiza		he same pe		at control or manage the supp	
С	Type III	function	ally integrate	ed. A su	apporting or	ganızatıon opei	rated in cor	nection	with, and functionally integratens A, D, and E.	ed with,
d	Type III	non-fund	tionally inte	grated	. A supporti	ng organization	operated	n connec	tion with its supported organi	zation(s)
						n generally mus ete Part IV, Sed			on requirement and an attention	veness
_		•	,		•				it is a Type I, Type II, Type III	
е						/ integrated sup				
f			upported org		-	3				
g						organization(s))	•		
	ame of supported organization		(ii) EIN		(iii) Type	of organization d on lines 1–10	(iv) is the disted in you	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (se	ee instructions))		ment?	(instructions)	instructions)
		_					Yes	No		
(A)										
(B)										
(C)		-								
(D)		1		_						
(E)										
		1		1			1	1	ī	I

Sche	dule A (Form 990 or 990-EZ) 2016 SRS	RAISE T	HE ROOF E	OUNDATIO	N, INC.46	-1004477	Page 2
Pa	rt II Support Schedule for C						
	(Complete only if you che						ualify under
	Part III. If the organizatio	n fails to quali	fy under the te	ests listed belo	w, please con	nplete Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	 					
2	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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
	tion B. Total Support				,	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 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 12		/acc instructions		<u> </u>	<u> </u>	12	
13	Gross receipts from related activities, etc First five years. If the Form 990 is for th	. (see ilistructions e organization's fi	irst second third	fourth or fifth tax			
13	organization, check this box and stop he						▶ □
Sec	tion C. Computation of Public	Support Perc	entage			<u></u>	··
14	Public support percentage for 2016 (line			umn (f))		14	<u></u> %
15	Public support percentage from 2015 Sci	nedule A, Part II, i	line 14	***************************************		15	%
16a		nization did not c	heck the box on li	ne 13, and line 14	is 33 1/3% or mo	re, check this	
	box and stop here. The organization qua	alifies as a publict	y supported organ	uzation			▶ □
b	33 1/3% support test—2015. If the orga	nization did not c	heck a box on line				
	this box and stop here. The organization	qualifies as a pu	blicly supported o	rganization			▶ 🔲
17a	10%-facts-and-circumstances test—2	016. If the organiz	zation did not che				
	10% or more, and if the organization med	ets the "facts-and	-circumstances" te	est, check this box	and stop here. E	xplain in	
	Part VI how the organization meets the "	facts-and-circums	tances" test. The	organization qualit	fies as a publicly s	supported	
	organization			·· ···· · ····			▶ 🔲
þ	10%-facts-and-circumstances test—2	015. If the organi	zation did not che	ck a box on line 13	8, 16a, 16b, or 17a	a, and line	
	15 is 10% or more, and if the organizatio				· ·		
	Explain in Part VI how the organization m			•	•	•	. —
40	supported organization	lid mat shart - E -		46h 47a 47			▶ ∐
18	Private foundation. If the organization of instructions						> []

Schedule A (Form 990 or 990-EZ) 2016 SRS RAISE THE ROOF FOUNDATION, INC.46-1004477

Page
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	tion A. Public Support						
	idar 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 ")	264,855	113,930	382,905	528,923	79,445	1,370,058
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	130,010	183,795	300,004	358,210		972,019
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<u>_</u>
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	394,865	297,725	682,909	887,133	79,445	2,342,077
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			_	-		
	tion B. Total Support	1					2,342,077
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	394,865	297,725	682,909	887,133	79,445	2,342,077
		3317093		002,303	0077233		2,342,077
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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	Total support. (Add lines 9, 10c, 11, and 12)	394,865	297,725	682,909	887,133	79,445	2 242 077
14	and 12.) First five years. If the Form 990 is for the						2,342,077
	organization, check this box and stop he	•	5t, 5000tta, tima,	•			▶ □
Sec	tion C. Computation of Public S		entage		····		
15	Public support percentage for 2016 (line			ımn (f))		15	100.00%
16	Public support percentage from 2015 Sch					16	100.00%
	tion D. Computation of Investm						
17	Investment income percentage for 2016			13, column (f))		17	%
18	Investment income percentage from 201		III line 17			40	%
19a	33 1/3% support tests—2016. If the org						
	17 is not more than 33 1/3%, check this b						▶ 🗓
b	33 1/3% support tests—2015. If the org	anization did not d	check a box on lin	e 14 or line 19a, ai	nd line 16 is more	than 33 1/3%, and	ı
	line 18 is not more than 33 1/3%, check t	•	_	•		•	·
20	Private foundation. If the organization of	lid not check a box	c on line 14, 19a,	or 19b, check this	box and see instri	uctions	▶ 🔲

Schedule A (Form 990 or 990-EZ) 2016

Supporting Organizations

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

Section A. All Supporting Organizations

- 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)
- 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
- 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.
- 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)
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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	
	1	_
		_
		-
		_
		_
		_
-	-	
		-
-		-
		-
	-	
_		
		_
-		_
		_
		_
,	1	
	Yes	Yes No

	t IV Supporting Organizations (continued)	<u> </u>		Page :
	CIV Oupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		=	1
	below, the governing body of a supported organization?	11a]
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· •	ĺ	ł
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-	ł	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		=	
	controlled the organization's activities. If the organization had more than one supported organization,		1	l
	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	11	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	- 2-2	<u>-</u> -	
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	· 🚉		÷ -
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		-	
	or management of the supporting organization was vested in the same persons that controlled or managed	2 E1	= *	
Sect	the supported organization(s). ion D. All Type III Supporting Organizations		L	L
0000	ion D. An Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	ه حر آټ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		[]	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	[-	
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	-	1	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	'	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	_		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		~ .
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year see instru	ıctions)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstruction	s)	
_				
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	<u> 2a</u>		
b	•	1		Ì
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ł
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.	[
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ь		امد		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	L	L

Schedule A (Form 990 or 990-EZ) 2016 SRS RAISE THE ROOF FOUNDAT			.477 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
instructions. All other Type III non-functionally integrated supporting organizations r	nust co	mplete Sections A throug	<u>h</u> Ε
Section A - Adjusted Net Income	1	(A) Prior Year	(B) Current Year
		() / Her real	(optional)
1 Net short-term capital gain	11		
2 Recoveries of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		[
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or) !		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	_8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year)		<u> </u>	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Frg _2	*** * * * * * * * * *	হাতি ভূচ ইকাডুল তা কাডি
factors (explain in detail in Part VI).		<u> </u>	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	. '		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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	المال المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية	
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Type	e III supporting organizati	on (see

Part V Type III Non-Functionally Integrated 509(a			
Section D - Distributions	Mo) Capporting Organ	<u>Lationo (commuco)</u>	Current Year
1 Amounts paid to supported organizations to accomplish exempt p	ourposes		
2 Amounts paid to perform activity that directly furthers exempt pur			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizations	anization is responsive		
(provide details in Part VI). See instructions.	gameation to tooponotto		
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Line o amount divided by Line 3 amount	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6			<u></u>
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI). See			_
instructions.			
3 Excess distributions carryover, if any, to 2016			
a ***	and the state of t		
<u> </u>			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e		a var de en	% a ₹
g Applied to underdistributions of prior years			·
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from			-
Section D, line 7 \$			L .
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.		İ	
7 Excess distributions carryover to 2017. Add lines 3			
and 4c.		а	
8 Breakdown of line 7			
a /			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016	- 		
C EXCESS VIII 20 V		Schedule A	(Form 990 or 990-EZ) 2010

	rm 990 or 990-EZ)								<u>46-10044</u>		Page 8
Part VI	Supplemer III, line 12; I B, lines 1 ar	Part IV, Se nd 2; Part	ection A, I IV, Sectio	ines 1, 2, on C, line	, 3b, 3c, 4l 1; Part IV	b, 4c, 5a, , Section	6, 9a, 9b, D, lines 2	9c, 11a, and 3; Pa	11b, and 11 art IV, Section	c; Part IV, on E, lines	17b; Part Section 1c, 2a, 2t
	3a and 3b; lines 2, 5, a									nd Part V,	Section E,
		114 0. 7130	complete	z uno par	t for ally a	aditional	mormano	71. <u>1000 iii</u>	<u>siruciions.)</u>		
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Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. LNC THE ROOF FOUNDATION, General Information on Grants and Assistance the selection criteria used to award the grants or assistance? SRS RAISE Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part

Open to Public

Inspection

2016

% ⋈ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number Yes CHARITABLE CHARITABLE CHARITABLE 46-1004477 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 20,000 20,000 7,500 (d) Amount of cash grant (c) IRC section (f applicable) GOV 800 (b) EIN (3) MISCELLANEOUS OTHER ORGANIZATIONS (a) Name and address of organization (2) MCKINNEY POLICE DEPARTMENT or government OF COLLIN CO (1) CASA Part ≡

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Schedule I (E ROOF FOUND	UNDATION, INC.46-1004477	6-1004477		Page 2
Part.	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	o Domestic Individ onal space is neede	luals.Complete if the	ne organization ansv	wered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	vide the information	required in Part I, Ii	ine 2; Part III, colum	n (b); and any other addit	ional information.

SRS 11/15/2017 8 35 AM

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► 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. Inspection

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SRS RAISE THE ROOF FOUNDATION, INC.

Employer identification number 46-1004477

Form 990 - Organization's Mission

THE MISSION AND PURPOSE OF THE CORPORATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE 1986, AS AMENDED (THE "IRC), AND THE TEXAS TAX CODE SECTION 11.18, AND ALSO TO PERPETUATE THE ABOUVE PURPOSES IN THE EVENT OF DISSOLUTION BY DISTRIBUTING ANY AND ALL ASSETS TO AN ELIGIBLE ORGANIZATION OR ELIGIBLE ORGANIZATIONS. THE SPECIFIC PURPOSES OF THE CORPORATION ARE THE ENHANCMENT OF THE COMMUNITIES IN WHICH SRS DISTRIBUTION INC OPERATES, THROUGH THE ORGANIZED SOLICITATION AND COLLECTION FOR DISTRIBUTIONS THROUGH GIFTS AND GRANTS TO, AND AGREEMENTS WITH, ELIGIBLE ORGANIZATIONS THAT PROVIDE DIRECT HUMAN, HEALTH, AND WELFARE SERVICES. FOR PURPOSES OF THE SECTION 1.6 "ELIGIBLE ORGANIZATION" OR "ELIGIBLE ORGANIZATIONS" SHALL REFER TO AN ORGANIZATION OR ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXATION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC, OR AS A CORPORATION CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(A)(1) OF THE IRC BY VIRTUE OF BEING CHARITABLE CONTRIBUTIONS AS DEFINED IN SECTION 170(C)(2) OF THE IRC.

Form 990, Part III, Line 4a - First Accomplishment

"ELIGIBLE ORGANIZATIONS" SHALL REFER TO AN ORGANIZATION OR ORGANIZATIONS

EXEMPT FROM FEDERAL INCOME TAXATION AS AN ORGANIZATION DESCRIBED IN SECTION

501(C)(3) OF THE IRC, OR AS A CORPORATION CONTRIBUTIONS TO WHICH ARE

DEDUCTIBLE UNDER SECTION 170(A)(1) OF THE IRC BY VIRTUE OF BEING CHARITABLE

CONTRIBUTIONS AS DEFINED IN SECTION 170(C)(2) OF THE IRC.

Employer identification number

SRS RAISE THE ROOF FOUNDATION, INC.

46-1004477

Form 990, Part III, Line 4d - All Other Accomplishment THE MISSION AND PURPOSE OF THE CORPORATION IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE 1986, AS AMENDED (THE "IRC), AND THE TEXAS TAX CODE SECTION 11.18, AND ALSO TO PERPETUATE THE ABOUVE PURPOSES IN THE EVENT OF DISSOLUTION BY DISTRIBUTING ANY AND ALL ASSETS TO AN ELIGIBLE ORGANIZATION OR ELIGIBLE ORGANIZATIONS. THE SPECIFIC PURPOSES OF THE CORPORATION ARE THE ENHANCMENT OF THE COMMUNITIES IN WHICH SRS DISTRIBUTION INC OPERATES, THROUGH THE ORGANIZED SOLICITATION AND COLLECTION FOR DISTRIBUTIONS THROUGH GIFTS AND GRANTS TO, AND AGREEMENTS WITH, ELIGIBLE ORGANIZATIONS THAT PROVIDE DIRECT HUMAN, HEALTH, AND WELFARE SERVICES. FOR PURPOSES OF THE SECTION 1.6 "ELIGIBLE ORGANIZATION" OR "ELIGIBLE ORGANIZATIONS" SHALL REFER TO AN ORGANIZATION OR ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXATION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC, OR AS A CORPORATION CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(A)(1) OF THE IRC BY VIRTUE OF BEING CHARITABLE CONTRIBUTIONS AS DEFINED IN SECTION 170(C)(2) OF THE IRC.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

OFFICERS OF THE ORGANIZATION REVIEW FORM 990 WITH OUTSIDE CPA PREPARER TO

ENSURE COMPLETE AND ACCURATE INFORMATION IS PRESENTED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public