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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2016

Open to Public Inspection

Α	For the	e 2016 calen	dar year, or tax year beginning		, a <u>n</u> e	d ending		
<u>B</u> _	Check if	f applicable	C Name of organization				D Employer i	dentification number
	Address	s change	NEXT LEVEL SOCIAL SERVI				1	
Name change			Number and street (or P O box, if mail	is not delivered to street address)		Room/suite	4	7-4292818
	Initial return		1308 W WASHINGTON				E Telephone	
	Final retur	rn/terminated	City or town	State	ZIP cod	le	1	
	Amende	ed return	CHICAGO	!L	60607	7-1928	(77	<u>/3) 490-7753</u>
	Applicat	tion pending	Foreign country name	Foreign province/state/county		postal code	F Group Exe	emption
	•	-	-	- · ·			Number ▶	•
	A		[V] 0 [] AI	Other (an aut.)		T.,	05	d the company to
		nting Method te: ► N/A	X Cash Accrual	Other (specify)		H	Check ►	if the organization is o attach Schedule B
			<u></u>	<u> </u>			•	0 attach Schedule B 00-EZ, or 990-PF)
<u>J</u> _	Tax-exer	mpt status (che	ck only one) — X 501(c)(3)	_501(c) () ◀ (insert no)	4947(a)(1)	or527	(1 01111 990, 98	
K	Form of	f organization	X Corporation	Trust Association		ther		
		-	7b to line 9 to determine gross red	ceints. If aross receints are \$200.	000 or mo	re or if total as	eets	<u> </u>
			elow) are \$500,000 or more, file Fo					1,936
	art I	Revenu	e, Expenses, and Changes	s in Net Assets or Fund B	Ralances	(see the in	structions fo	
			the organization used Sche					
				<u></u>	1003(1011			
≈i ≃s	1	Contributio	ns, gifts, gr <mark>ants, and</mark> similar am ervice revenue including gove n				. 1	1,936
7107	2	Mombarsh		701			. 2	
c	3		p dues and assessments.	APR. 1. 1. 2017 . O			. 3	
Q	4		income	2.0 1.7 . O			. 4	
1 23	5a Gross amount from sale of assets other than inventory							
3								_
	C	6 Gaming and fundraising events						0
				- In C. if management than				
و ج	а		me from gaming (attach Sched		اجما			
Revenue	h				6a	ntributions		
S S	D		nising events reported on line 1		oi coi	illibutions	,	
. 8			h gross income and contributio	• •	6b		\$ 1	
;	_		t expenses from gaming and fu		6c			
			e or (loss) from gaming and fun			nd subtract		
	u		· · · · · · · · · · · · · · · · · · ·	draising events (add lines ba	and ob a	na subtract	6d	0
	72	,	s of inventory, less returns and	allowances	7a		<u>ou</u>	<u> </u>
	b		of goods sold		7b			
	C		t or (loss) from sales of invento				. 7c	0
	8		nue (describe in Schedule O) .					t <u>°</u>
i	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6c	d. 7c. and 8			9	1,936
	10		similar amounts paid (list in Se					1,000
	11		id to or for members					
ŝ			ther compensation, and employ					
Expenses	13		al fees and other payments to i					
5	14		r, rent, utilities, and maintenance					
X	15	•	iblications, postage, and shippi					25
	16		nses (describe in Schedule O)					899
	17		nses. Add lines 10 through 16					924
	18	Excess or	(deficit) for the year (Subtract li	ne 17 from line 9)		· · · · · ·	18	1,012
iş Şi	19		or fund balances at beginning					
SS			r figure reported on prior year's				. 19	564
Net Assets	20		iges in net assets or fund balar					307
ž	21		or fund halances at end of year	• •			21	1 576

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Form	990-EZ (2016) NEXT LEVEL SOCIAL SERVICES	47-429	2818	Page 2
Par	Balance Sheets. (see the instructions for Part II)			
	Check if the organization used Schedule O to respond to any question in this Part II.			
		(A) Beginning of year		(B) End of year
22	Cash, 'savings, and investments	564	22	1,576
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	564	_	1,576
26	Total liabilities (describe in Schedule O)		26	
27		564	27	1,576
Pa	It III Statement of Program Service Accomplishments (see the instructions for Part III)			_
	Check if the organization used Schedule O to respond to any question in this Part III.	· · · · L	(Daa	Expenses
	at is the organization's primary exempt purpose? <u>service under at-risk</u>			uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accomplishments for each of its three largest prograi		orgai	nizations, optional
	neasured by expenses. In a clear and concise manner, describe the services provided, the nu	mber of	for ot	hers.)
	sons benefited, and other relevant information for each program title.			
	summer Youth Programing, witch includes Off The Streets Basketball Tournament			
	- Youth Inspirational Choir	•••••		
	/Oranda (h			
	(Grants \$) If this amount includes foreign grants, check here	<u> ▶ </u>	28a	
29		•••••	1	
		•••••		
	/Orante ©			
	(Grants \$) If this amount includes foreign grants, check here	· · · · • L	29a	
30	,			
		•••••		
	/Contro C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	(Grants \$) If this amount includes foreign grants, check here		30a	
31	Other program services (describe in Schedule O)		١	
	(Grants \$) If this amount includes foreign grants, check here		31a	
	Total program service expenses. (add lines 28a through 31a)		32	0
Pa	List of Officers, Directors, Trustees, and Key Employees (list each one even if not co	•		
	Check if the organization used Schedule O to respond to any question in this Part IV			<u>· · · · · · </u>
	(b) Average compensation	101	s,	(e) Estimated amount of
	(a) Name and title hours per week devoted to position (forms W-2/1099-i	- / Omprojee benefit pr		other compensation
	(if not paid, ente	r -0-) and deferred compen	sation	
	Hr/WK			
	,			
	Hr/WK			
	Hr/WK			
	LLAND		- 1	
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	LI-AAR			
—	Hr/WK			
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	Hr/WK		+	
—	Hr/WK			
	1. Aug.			
	Hr/WK			Form 990-EZ (2016)
				FORM 330°EA (2016)

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in the		+ V	
	modulation for fact ty encountries organization about contours of to respond to drift question in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			140
	detailed description of each activity in Schedule O	33	_ X	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		,
35 a	change on Schedule O (see instructions)	34		X
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>x</u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c_	ļ	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	276	 	V
	Did the organization file Form 1120-POL for this year?	37b		X
00 4	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
h	section 4911 ► ; section 4912 ► ; section 4955 ► ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		17	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ▶ IL			
42 a	The organization's books are in care of ► DARLENE SHORTER Telephone no. ►	(773) 4	190-77	53
	Located at ► 1308 W WASHINGTON BLVD City CHICAGO ST IL ZIP + 4 ► 606	07		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
·	If "Yes," enter the name of the foreign country:	420	 	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			►[X]
	and enter the amount of tax-exempt interest received or accrued during the tax year			بند
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b	1005	X (2010)
		rorm :	ァッリービ	Z (2016)

Preparer's signature

SELF-PREPARED RETURN

Date

Check

Firm's EIN ▶

Phone no.

setf-employed

Type or print name and title Print/Type preparer's name

Firm's name

Firm's address

Paid

Preparer

Use Only

Yes

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

		ne organization					Employer Identification					
		EVEL SOCIAL SERVICES				l	47-429	92818				
Par		Reason for Public Chari						·				
	orga	anization is not a private founda				-	•					
1	닖	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	닏	A school described in section 170(b)(1)(A)(li). (Attach Schedule E (Form 990 or 990-EZ).)										
3	Щ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).										
4	Ш	nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the ospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally r described in section 170(b)(1)			rom a gov	ernmenta/	I unit or from the ge	neral public				
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)							
9		An agricultural research organi or university or a non-land-gran university:	zation described in nt college of agricul	section 170(b)(1)(A) Iture (see instructions)	(ix) opera	e name, c	ity, and state of the	college or				
10		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt functi income and unrela	ons—subject to certainted business taxable i	n exception	ons, and (2) no more than 33 n 511 tax) from busi	1/3% of its				
11		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).					
12		An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	lescribed in section 5	09(a)(1)	or section	509(a)(2). See sec	tion 509(a)(3).				
а		Type I. A supporting organiathe supported organization(organization. You must contain the supported organization.	s) the power to reg	ularly appoint or elect)			
b		Type II. A supporting organ control or management of the organization(s). You must be	ne supporting organ complete Part IV,	nization vested in the s Sections A and C.	same pers	sons that	control or manage th	ne supported				
С		Type III functionally integr						tegrated with,				
d		its supported organization(s Type III non-functionally Integrated in that is not functionally Integrated instruction (see instruction).	ntegrated. A supportated. The organizated	orting organization operation generally must sa	erated in o	connection stribution	n with its supported requirement and an					
е		Check this box if the organize	zation received a w	ritten determination fr	om the IR	S that it is		ype III				
		functionally integrated, or T		ally integrated suppor	ting orgar	nization.						
f		Enter the number of supported Provide the following information							0			
g	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (s instructions)				
					Yes	No						
(A)		· · · · · · · · · · · · · · · · · · ·			1.03	110						
\~ <i>\</i>												
(B)												
(C)	_											
(D)												
(E)												
Tota			A CONTRACTOR OF THE PROPERTY O		155	der de la constitución de la con		<u> </u>				
				THE REPORT OF THE PERSON A	100.44	1 377 - 1 377 - 1 T	. ()					

Sche		EL SOCIAL SER				47-429281	8 <u>Page</u> 2
	(Complete only if you checked Part III. If the organization fail	d the box on lin	e 5, 7, or 8 of	Part I or if the o	organization fai	led to qualify und	der
	tion A. Public Support	(a) 2012	(b) 2013	(a) 2014	(4) 2015	(0) 2016	(f) Total
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(I) I Otal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	o	0
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)					J	
6	Public support. Subtract line 5 from line 4.						0
	tion B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
_	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						O
10	Other income Do not include gain or					 	
	loss from the sale of capital assets					}	
	(Explain in Part VI.)					1	0
11	Total support. Add lines 7 through 10.		· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————		0
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here.			-	as a section 501(c		▶
Se	ction C. Computation of Public Sup	port Percenta	ge				
14	3,, 1	• • •	•	• • •		14	0.00%
15	Public support percentage from 2015 Schedu	ule A, Part II, line 1	4			15	0_00%
	33 1/3% support test—2016. If the organiza and stop here. The organization qualifies as	a publicly support	ed organization				>
k	 33 1/3% support test—2015. If the organization and stop here. The organization qualifies 						

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	tion A. Public Support					Т	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise						0
•	sold or services performed, or facilities		j				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	į					0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on]					
	its behalf					[0
5	The value of services or facilities						
3	·		}			1	
	furnished by a governmental unit to the						0
_	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u> </u>	0
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	_					0
С	Add lines 7a and 7b	0	0	0	0	0	_ 0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0		0	o	0
10a							
IVa							
	payments received on securities loans,						0
	rents, royalties and income from similar sources .		-			 	<u> </u>
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ł					_
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether					Ì	
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	o	0	l o	l o	l o	0
14	First five years. If the Form 990 is for the or	ganization's first, so	econd, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here .						▶ 🗀
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8, c	column (f) divided b	y line 13, column	(f))	, , , , , ,	15	0.00%
16	Public support percentage from 2015 Sched					16	0.00%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2016 (line			column (f))		17	0.00%
18	Investment income percentage from 2015 S		-	* * * *		18	0.00%
	33 1/3% support tests—2016. If the organization						3.0070
	not more than 33 1/3%, check this box and s						,
h	33 1/3% support tests—2015. If the organiz				-		
-	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	•	=	•			
				,			

Part IV **Supporting Organizations**

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

Sect	on A. All Supporting Organizations		, ,	
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		1
С	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.	3c		
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.	4a	 	<u> </u>
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		ŀ	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		لـــــا
•	Did the organization support any foreign supported organization that does not have an IRS determination	40	├	╫
С			ļ	[]
	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)	-		╁──┘
F.	purposes.	4c		┼
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		Ì	
	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).	5a	 	
D	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?	5b	<u> </u>	├
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	┼
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1 1
	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	<u> </u>	ļ	لـــــــــــــــــــــــــــــــــــــ
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		} -1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	┝	 	╁┈┈┙
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	_	+
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	 	ļ	┼
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		 -
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		İ	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	-	-	اــــا
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	 -
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>	<u> </u>	↓
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	 -
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>	 	 _
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	
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.	10a	Ļ	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ļ	ļ	
	determine whether the organization had excess business holdings.)	10b	}	

Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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. on B. Type I Supporting Organizations	11c	_	L
<u>Jecu</u>	on b. Type i dupporting organizations	-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Section	on C. Type II Supporting Organizations		1.0	Γ.,
	Many a market with a second and other than an Araba and a start of the second and a		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		
Secti	on D. All Type III Supporting Organizations		L	L
		-	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		
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			4
_	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	tions	 :).
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	lcaa in	etruc	tionel
		•		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ı		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	,		
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Ų S
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3 P		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tr	ust on Nov. 20, 1970 (expl	ain ın Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	aniza	tions must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
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	0	0
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):			
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	0	0
e Discount claimed for blockage or other	1	200	
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally II	ntegrated Type III supporti	ng organization (see
instructions)	•	- •	- · ·

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Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Section	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	·		0
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2016 from Section C, line 6		·	0
10	Line 8 amount divided by Line 9 amount	,		0.000
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
	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				
b				
	From 2013			
	From 2014			
е	From 2015			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			_
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2016 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2016 distributable amount			0
с	Remainder Subtract lines 4a and 4b from 4.	0		
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.		0	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3j]		
	and 4c.	0		
8	Breakdown of line 7:			
a				
b	Excess from 2013)		
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (F	orm 990 or 990-EZ) 2016	NEXT LEVEL S	OCIAL SERVICES	3		47-4292818	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	rmation. Provide Section A, lines 1, rt IV, Section C, lir line 1; Part V, Sec	the explanations re 2, 3b, 3c, 4b, 4c, 5 ne 1; Part IV, Secti tion B, line 1e; Par	equired by Part II, lind 5a, 6, 9a, 9b, 9c, 11a on D, lines 2 and 3; l t V, Section D, lines	, 11b, and 11c; Pa Part IV, Section E, 5, 6, and 8; and Pa	7a or 17b; Part rt IV, Section lines 1c, 2a, 2b,	
	lines 2, 5, and 6. Al	so complete this p	art for any addition	al information. (See	instructions.)		
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