

Form  
**990**Department of the Treasury  
Internal Revenue Service**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 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**2016****Open to Public  
Inspection****A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

<b>C</b> Name of organization FOCUS ON SENIOR CITIZENS OF TUSCALO	<b>D</b> Employer identification number 63-0646488
Doing business as	
Number and street (or P O box if mail is not delivered to street address) 3801 LOOP ROAD	Room/suite
City or town, state or province, country, and ZIP or foreign postal code TUSCALOOSA, AL 35404	
<b>G</b> Gross receipts \$ 1,100,079	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1 Briefly describe the organization's mission**

FOCUS ON SENIOR CITIZENS WAS DEVELOPED TO STIMULATE, ENCOURAGE, FOSTER AND PROMOTE THE GENERAL WELFARE OF THE ELDERLY AND MAKE THE ENTIRE COMMUNITY AWARE OF AND RESPONSIVE TO THE SPECIAL NEEDS AND INTERESTS OF THE ELDERLY AND TO BRING ABOUT CHANGES IN THE COMMUNITY TO HELP SATISFY THOSE NEEDS. FOCUS IS COMMITTED TO THE LONG-RANGE GOAL OF INVOLVING AS MANY OLDER CITIZENS AS POSSIBLE IN LIFE-AFFIRMING SITUATIONS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

42 (Code) (Expense) \$ 102,810 including grants of \$ 1 (Revenue) \$ 1

1. **What is the primary purpose of the study?**

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No

**Part IV Checklist of Required Schedules (continued)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**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 . . . . .  
**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .  
**23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  
**24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

	Yes	No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No
<b>22</b>	Yes	
<b>23</b>		No
		No

check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  
**16** Public support percentage from 2015 Schedule A, Part III, line 15

**15****16****Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  
**18** Investment income percentage from 2015 Schedule A, Part III, line 17

**17****18**

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►   
**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►   
**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

that received more than \$5,000 Part II can be duplicated if additional space is needed

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or Director	Individual Trustee	Institutional Trustee	Office	Key Employee	Non-Exempt Employee			
(1) JOE ROBINSON PRESIDENT	.....	X		X				0	0	0
(2) CHAD HOBBS VICE-PRESIDE	.....	X		X				0	0	0
(3) ROBERT LAKE SECRETARY	.....	X		X				0	0	0
(4) DR REBECCA ALLEN BOD	.....	X						0	0	0
(5) TRUDI ANDERS BOD	.....	X						0	0	0
(6) TOM BONHAUS BOD	.....	X						0	0	0
(7) JOHN COOK BOD	.....	X						0	0	0
(8) JOSEPH T COX BOD	.....	X						0	0	0
(9) HONORABLE JOHN H ENGLAND JR BOD	.....	X						0	0	0
(10) JENNIFER FOUNTAIN BOD	.....	X						0	0	0
(11) LEE ALLEN HALLMAN BOD	.....	X						0	0	0
(12) JUNE HOLMES BOD	.....	X						0	0	0
(13) SCOTT HOLMES BOD	.....	X						0	0	0
(14) REVEREND SIMON HUNTER BOD	.....	X						0	0	0
(15) DR JUANETTA JEMISON BOD	.....	X						0	0	0
(16) BRETT LANEY BOD	.....	X						0	0	0
(17) DAVID MARTIN BOD	.....	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
(18) WILL SMITH						0	0	0
BOD	.....	X						
(19) MORGAN MANN	40 00			X		70,300	0	0
EXEC DIR	.....							
<b>1b Sub-Total</b>								
<b>c Total from continuation sheets to Part VII, Section A</b>								
<b>d Total (add lines 1b and 1c)</b>						70,300		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

### Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
.....		
.....		
.....		
.....		
.....		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	864,548			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	193,907			
	g Noncash contributions included in lines 1a-1f \$		168,467			
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,058,455			
<b>Program Service Revenue</b>	2a PROGRAM REVENUES	Business Code				
	b		23,048	23,048		
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		23,048			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
<b>d</b> Net gain or (loss) . . . . .						
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	18,576				
b Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . . . .		18,576				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a					
b Less cost of goods sold . . . . .	b					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b>						
b						
c						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		1,100,079	23,048			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	77,003	77,003		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	451,822	336,786	115,036	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
2	51,264	20,963	11,403	

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	35,171	<b>1</b>	12,651
	2 Savings and temporary cash investments		<b>2</b>	
	3 Pledges and grants receivable, net	20,302	<b>3</b>	19,279
	4 Accounts receivable, net		<b>4</b>	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	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		<b>6</b>	
	7 Notes and loans receivable, net		<b>7</b>	
	8 Inventories for sale or use		<b>8</b>	
	9 Prepaid expenses and deferred charges	1,250	<b>9</b>	250
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	417,850	
	b Less accumulated depreciation	10b	386,000	35,275
			<b>10c</b>	31,850
	11 Investments—publicly traded securities		<b>11</b>	
	12 Investments—other securities See Part IV, line 11		<b>12</b>	
	13 Investments—program-related See Part IV, line 11		<b>13</b>	
	14 Intangible assets		<b>14</b>	
	15 Other assets See Part IV, line 11		<b>15</b>	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	91,998	<b>16</b>	64,030
Liabilities	17 Accounts payable and accrued expenses	23,880	<b>17</b>	27,972
	18 Grants payable		<b>18</b>	
	19 Deferred revenue		<b>19</b>	
	20 Tax-exempt bond liabilities		<b>20</b>	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	23 Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	24 Unsecured notes and loans payable to unrelated third parties	106,974	<b>24</b>	90,654
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	16,110	<b>25</b>	17,442
	<b>26 Total liabilities.</b> Add lines 17 through 25	146,964	<b>26</b>	136,068
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-54,966	<b>27</b>	-76,999
	28 Temporarily restricted net assets		<b>28</b>	4,961
	29 Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		<b>30</b>	
	31 Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
	32 Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	33 Total net assets or fund balances	-54,966	<b>33</b>	-72,038
	34 Total liabilities and net assets/fund balances	91,998	<b>34</b>	64,030

## **Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 63-0646488

**Name:** FOCUS ON SENIOR CITIZENS OF TUSCALO

Form 990 (2016)

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### **Form 990, Part III, Line 4a:**

RETIRED AND SENIOR VOLUNTEERS PROGRAM (RSVP)- FEDERAL AND STATE FUNDED PROGRAM TO RECRUIT, TRAIN, AND PLACE PERSONS OVER THE AGE OF 55 IN MEANINGFUL VOLUNTEER WORK IN NON-PROFIT AGENCIES AND OTHER ORGANIZATIONS WHICH BENEFIT THE ENTIRE COMMUNITY AND PROVIDE THE ELDERLY WITH A FEELING OF USEFULNESS

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**Form 990, Part III, Line 4b:**

FOSTER GRANDPARENT PROGRAM (FGP)- FEDERAL AND STATE FUNDED PROGRAM TO RECRUIT, TRAIN AND PLACE PERSONS OVER THE AGE OF 60 IN STIPEND VOLUNTEER TO WORK WITH CHILDREN AT RISK IN NON-PROFIT AND OTHER COMMUNITY SETTINGS

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## **Form 990, Part III, Line 4c:**

FOCUS SENIOR CENTER- FUNDED BY THE CITY AND COUNTY AND THE GENEROUS DONATIONS OF LOCAL CITIZENS AND BUSINESSES THE FOCUS SENIOR CENTER IS THE BASE OF OPERATIONS FOR FOUR NUTRITION SITES, TRANSPORTATION DEPARTMENT, SUPPORT SERVICES AND SOCIAL ACTIVITIES CENTER NUTRITION SITES PROVIDE NUTRITIOUS MEALS UNDER FEDERAL GUIDELINES AS WELL AS EDUCATIONAL AND RECREATIONAL ACTIVITIES THE TRANSPORTATION GROUPS PROVIDE WHEEL CAR VAN TO TRANSPORT FOR ANY PERSONS OVER 65 TO MEDICAL AND THERAPY APPOINTMENTS, TO THEIR VOLUNTEER ASSIGNMENTS, TO INFORMATION CLASSES AT THE SENIOR CENTER, ON SHOPPING TOURS AND WEEKEND RECREATION OUTINGS SUPPORTIVE SERVICES ASSIST THE ELDERLY IN REMAINING IN THEIR HOME AND AS INDEPENDENT AS LONG AS POSSIBLE, AS WELL AS, PROVIDING SOME FINANCIAL ASSISTANCE FOR THE TRUELY LOW INCOME WITH UTILITIES AND FOOD

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**SCHEDULE A**  
(Form 990 or  
990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
FOCUS ON SENIOR CITIZENS OF TUSCALO**Employer identification number**

63-0646488

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital'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 receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

**Total**For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ.

Cat. No. 11285F

**Schedule A (Form 990 or 990-EZ) 2016**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	1,025,137	1,003,311	1,035,312	1,057,027	1,058,455	5,179,242
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						
	<b>Total Public Support</b>	<b>1,025,137</b>	<b>1,003,311</b>	<b>1,035,312</b>	<b>1,057,027</b>	<b>1,058,455</b>	<b>5,179,242</b>

**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.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

First five years of the Form 990 for the organization's first, second, third, fourth, and fifth tax years (Form 990-EZ for the organization's first tax year).

EO1/EV2

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

1 Are all of the organization's supported organizations listed by name in the organization's governing documents?  
*If "No," describe in Part V how the supported organizations are designated. If designated by class or purpose*

	Yes	No

**Part IV Supporting Organizations (continued)**

**11** Has the organization accepted a gift or contribution from any of the following persons?

	<b>Yes</b>	<b>No</b>



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2016 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2016</b>
		<b>(iii) Distributable Amount for 2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)	
<b>3</b>	Excess distributions carryover, if any, to 2016	
<b>a</b>		
<b>b</b>		
<b>c</b> From 2013. . . . .		
<b>d</b> From 2014. . . . .		
<b>e</b> From 2015. . . . .		
<b>f Total</b> of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2016 distributable amount		
<b>i</b> Carryover from 2011 not applied (see instructions)		
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f		
<b>4</b> Distributions for 2016 from Section D, line 7		
\$		
<b>a</b> Applied to underdistributions of prior years		
<b>b</b> Applied to 2016 distributable amount		
<b>c</b> Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
<b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c		
<b>8</b> Breakdown of line 7		
<b>a</b>		
<b>b</b> Excess from 2013. . . . .		
<b>c</b> Excess from 2014. . . . .		
<b>d</b> Excess from 2015. . . . .		
<b>e</b> Excess from 2016. . . . .		

**Part VI****Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

## SCHEDULE D

## Supplemental Financial Statements

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	9	
<b>b</b> Enter the number of Forms W-2G included in line 1a <i>Enter -0-</i> if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

## Part IV Escrow and Custodial Arrangements.

**Escrow and Custodial Arrangements:** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

□ □

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V** **Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

<b>1a</b>	Beginning of year balance	.	.	.	.	.
<b>b</b>	Contributions	.	.	.	.	.
<b>c</b>	Net investment earnings, gains, and losses	.	.	.	.	.
<b>d</b>	Grants or scholarships	.	.	.	.	.
<b>e</b>	Other expenditures for facilities and programs	.	.	.	.	.
<b>f</b>	Administrative expenses	.	.	.	.	.
<b>g</b>	End of year balance	.	.	.	.	.

2 Provide the estimated percentage of the current year end balance (line 1a, column (a)) held as

- a** Board designated or quasi-endowment ►
- b** Permanent endowment ►
- c** Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i) unrelated organizations** . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule

	Yes	No
3a(i)		
3a(ii)		
3b		

**4** Describe in Part XIII the intended uses of the following:

## **Land, Buildings, and Equipment.**

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 ) ►**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTI LIABILITY FOR COMPEN ABSENCES	17,442
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►

17,442

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,100,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	1,100,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	1,100,079

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	1,117,151
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	1,117,151
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	1,117,151

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation

**Part XIII**

**Supplemental Information (*continued*)**

Return Reference

Explanation

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
FOCUS ON SENIOR CITIZENS OF TUSCALO

Employer identification number

63-0646488

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

13a	%
13b	%

**a** The organization's facility

**b** An outside facility

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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## Schedule I (Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**

► Attach to Form 990.

► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

2016

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

## FOCUS ON SENIOR CITIZENS

## Focus on Senior Citizens of Tuscany

**Employer identification number**

63-0646488

## **Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes  No

**Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) AID WITH HOUSEHOLD TASKS	42	35,163			
(2) AID WITH HOUSEHOLD TASKS	34	39,072			
(3) AID WITH HOUSEHOLD TASKS	5	2,768			
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION MAINTAINS SEPARATE GENERAL LEDGER ACCOUNTS FOR EACH OF THESE PROGRAMS. EXPENSES PAID WITH GRANT FUNDS ARE REVIEWED BY PROGRAM DIRECTORS AND CHARGED DIRECTLY TO THE PROGRAMS THAT INCUR THE EXPENSES. ALL DISBURSEMENTS ARE REVIEWED BY THE FISCAL OFFICER AND EXECUTIVE DIRECTOR FOR CORRECT ASSIGNMENTS OF COST

Redacted content from line 18 to line 25.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

**1a** Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1a	18	Yes	No

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

FOCUS ON SENIOR CITIZENS OF TUSCALO

**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](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

63-0646488

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FOCUS ON SENIOR CITIZENS WAS DEVELOPED TO STIMULATE, ENCOURAGE, FOSTER AND PROMOTE THE GENERAL WELFARE OF THE ELDERLY AND MAKE THE ENTIRE COMMUNITY AWARE OF AND RESPONSIVE TO THE SPECIAL NEEDS AND INTERESTS OF THE ELDERLY AND TO BRING ABOUT CHANGES IN THE COMMUNITY TO HELP SATISFY THOSE NEEDS. FOCUS IS COMMITTED TO THE LONG-RANGE GOAL OF INVOLVING AS MANY OLDER CITIZENS AS POSSIBLE IN LIFE-AFFIRMING SITUATIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	TOURS AND WEEKEND RECREATION OUTINGS SUPPORTIVE SERVICES ASSIST THE ELDERLY IN REMAINING IN THEIR HOME AND AS INDEPENDENT AS LONG AS POSSIBLE, AS WELL AS, PROVIDING SOME FINANCIAL ASSISTANCE FOR THE TRUELY LOW INCOME WITH UTILITIES AND FOOD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN IS REVIEWED AND APPROVED BY A CPA WHO IS A MEMBER OF THE BOARD OF DIRECTORS AND MANAGEMENT. A COPY OF THE 990 IS AVAILABLE TO BOARD MEMBERS UPON REQUEST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	PRIOR TO THE ORGANIZATION ENTERING INTO A TRANSACTION OR ARRANGEMENT, BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST. AFTER THE INDIVIDUAL DISCUSSES ALL THE FACTS AND ANSWERS ANY QUESTIONS, HE OR SHE THEN LEAVES THE COMMITTEE OR BOARD MEETING WHILE THE REMAINING MEMBERS DISCUSS AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER FAILED TO DISCLOSE A POTENTIAL OR ACTUAL CONFLICT OF INTEREST, IT WILL INFORM THE INDIVIDUAL AND GIVE HIM OR HER A CHANCE TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER IN FACT FAILED TO DISCLOSE A POTENTIAL OR ACTUAL CONFLICT OF INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY ACTION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS S ANY MERIT OR COST OF LIVING RAISES ARE REVIEWED AND APPROVED BY THE BOARD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF THE EMPLOYEES ON AN ANNUAL BASIS, AND REPORTS EMPLOYEE REVIEWS TO THE BOARD. THE BOARD REVIEWS THE PERFORMANCE REVIEW COMPLETED BY THE EXECUTIVE DIRECTOR. ANY MERIT OR COST OF LIVING RAISES ARE REVIEWED AND APPROVED BY THE BOARD.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	A COPY OF THE ANNUAL AUDIT IS MADE AVAILABLE AT THE PUBLIC LIBRARY