Form **990-EZ**

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.

2017

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

SCANNED DEC

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection and ending For the 2017 calendar year, or tax year beginning D Employer identification number В Check if applicable C Name of organization Address change One Recovery Number and street (or P O box, if mail is not delivered to street address) Room/suite 47-4459381 Name change E Telephone number Initial return 649 Santa Clara Avenue ZIP code State Final return/terminated City or town 310-997-7627 90291-Amended return VENICE CA F Group Exemption Foreign province/state/county Foreign postal code Application pending Foreign country name Number ▶ H Check ▶ If the organization is **Accounting Method** X Cash Accrual Other (specify) not required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — X 501(c)(3) 4947(a)(1) or 501(c) () (insert no) Other Form of organization X Corporation Trust Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 197,000. (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income 4 4 5a 5a Gross amount from sale of assets other than inventory 5b **b** Less cost or other basis and sales expenses . . . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events CEIVED a Gross income from gaming (attach Schedule G if greater than 6a of contributions **b** Gross income from fundraising events (not including 3 0 2018 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b OCOEN. UT 6c c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a 7a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold. 7с c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe in Schedule O) . . . 197,000. 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 13 13 Professional fees and other payments to independent contractors 6,682 Occupancy, rent, utilities, and maintenance 14 14 15 15 Printing, publications, postage, and shipping 16 139,411 16 Other expenses (describe in Schedule O) 17 146,093 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 50,907 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 (116,476.)end-of-year figure reported on prior year's return) . 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 (65,569.) 21

Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

	Balançe Sheets. (see the instructions for Check if the organization used Schedule O to re		this Part II .			. <u>X</u>
		•	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments .		* * * * *	8,341.	22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		. [_		24	
25	Total assets		[8,341.	25	
26	Total liabilities (describe in Schedule O)			124,817.	26	64,310.
27	Net assets or fund balances (line 27 of column (B) must agree with line 2	1) (116,476.)	27	(64,310.)
Pa	rt III Statement of Program Service Accomplis	hments (see the instruct	ions for Part III)	_		
	Check if the organization used Schedule O t	to respond to any questio	n in this Part III	X		Expenses
Wha	it is the organization's primary exempt purpose?	nspire recover	v from stru	agles		quired for section
	cribe the organization's program service accomplish				1 '	(c)(3) and 501(c)(4) inizations, optional
	neasured by expenses In a clear and concise mann					others)
	ons benefited, and other relevant information for each		,			
	Awareness events in School au					
	community facilities reaches					
		ıncludes foreign grants, o		P	28a	38,000.
	Parent support group and lunc 300 people served	h time student	safe place	2		
•	(Grants \$) If this amount	ıncludes foreign grants, o	check here .	. ▶ □	29a	25,000.
	Parent Assistance Phone Line with advice where to get help and Special speakers at PTA					
		includes foreign grants, o	heck here	. ▶ □	30a	6,000.
	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign grants, o	heck here	. ▶ □	31a	2,500.
32	Total program service expenses. (add lines 28a t	hrough 31a) .		•	32	71,500.
Pa	rt IV List of Officers, Directors, Trustees, and F	Key Employees (list each	one even if not compe	nsated—see the in	structi	ions for Part IV)
	Check if the organization used Schedule O to	respond to any question	in this Part IV			
	<u> </u>					
			(c) Reportable	(d) Health benefit	ls.	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC		ans,	(e) Estimated amount of other compensation
Lyr.		hours per week	compensation	contributions to	ans,	, ,
	(a) Name and title nne P Butler esident	hours per week	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl	ans,	, ,
	nne P Butler	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
	nne P Butler	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
	nne P Butler	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
	nne P Butler	hours per week devoted to position Hr/WK 5 0 Hr/WK	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
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	nne P Butler	hours per week devoted to position Hr/WK 5 0 Hr/WK	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
	nne P Butler	hours per week devoted to position Hr/WK 50 Hr/WK Hr/WK	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
	nne P Butler	hours per week devoted to position Hr/WK 5 0 Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,
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	nne P Butler	hours per week devoted to position Hr/WK 50 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MISC	contributions to employee benefit pl and deferred compen	ans,	, ,

Pane 3

De the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Were any significant changes made to the organization of growering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 33 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (euch as those reported on lines 2, 6, and 7a, among others)? b If "Yes" to line 35s, has the organization fled a Form 990-1 for the year/If "No" provide an explanation in Schedule O c Was the organization bare unrelated business gross income of \$1,000 or more during the year from business activities (euch as those reported on lines 2, 6, and 7a, among others)? b If "Yes" to line 35s, has the organization of led a Form 990-1 for the year/If "No" provide an explanation in Schedule O c Was the organization of political expenditures, direct or indirect, as described in the instructions. If		instructions for Part V) Check if the organization used Schedule O to respond to any question in t	hıs Pa	rt V .	
detailed description of each activity in Schedule O Were any sprificant changes made to the reginatizing or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 33 a Did the organization have unrelated business grass income of \$1,000 or more during the year from business activities (cut ha sin base reported on lines 2, 6, and 7a, among others)? b If "Yes' to line 35a, has the organization thear of more of the pearl?" If "monde an explanation in Schedule O (see Usas the organization thear of the year?" If "Yes," complete Schedule C, Part III Did the organization intering a liquidation, dissolution, fermination, or reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization intering a liquidation, dissolution, fermination, or regined and time the year?" If "Yes," complete Schedule N (the organization of net assets during the year?" If "Yes," complete applicable parts of Schedule N (the organization of net assets during the year?" If "Yes," complete applicable parts of Schedule N (the instructions. ▶ 37a 0 37b 1 1 1 1 1 1 1 1 1				Yes	No
34 Were any significant changes made to the organization or governing documents? If "Yes", attach a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 3	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
33 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business advitities (such as those reported on lines ≥ 6.8, and 7.8, among others?) b if "Yes" to line 35a, has the organization filed a Form 990-T for the year/If "No." provide an explanation in Schedule 0 c Was the organization of 101(c)(5), organization subject to section 603(e) notice, reporting, and priory tax requirements during the year? If "Yes," complete Schedule C, Part III of the organization of the property of the year? If "Yes," complete Schedule C, Part III of the organization of the property of the organization subject to section 603(e) notice, and year of the year? If "Yes," complete Schedule C, Part III of the organization of the property of the organization of the property of the organization of the property of the organization or		detailed description of each activity in Schedule O	33		X
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35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?) b If "Yes" to line 35a, has the organization filed a Form 990-1 for the year? If "Yes," complete schedule C. Part III. 5 Did 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. 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule C. Part III. 5 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?. b If "Yes" complete Schedule L. Part II and enter the total amount involved 38b (64, 7, 310. 5 Section 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 9. 5 Gross recepts, included on line 9, for public use of club facilities. a Initiation fees and capital contributions included on line 9. 5 Gross recepts, included on line 9, for public use of club facilities. a Initiation fees and capital contributions included on line 9. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4955 execss benefit transaction in a prior year that has not been reported on any of its prior forms 990 or \$90-827 if "Yes," complete Schedule L. Part I C. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year under section 49512 be a section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the foreign country. ▶ 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amoun		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
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b If Yes' to line 35e, has the organization field a Form 990-T for the year/If "No." provide an explanation in Schedule O	35 a	· · · · · · · · · · · · · · · · · · ·			
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reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 356	b		35b		
36 Did the organization undergo a fujuridation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	С				
during the year? If "Yes," complete applicable parts of Schedule N 3 a Enter amount of political expenditures, direct or indriced, as described in the instructions. ▶ 37a			35C		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a	36		20		v
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38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 a Section 501(c)(7) organizations Enter. a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39 a Section 501(c)(7) organizations Enter. a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax mopsed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4988 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 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 List the states with which a copy of this return is filed. ▶ 42 a The organization's books are in care of ▶ Lynne P Butler Telephone no ▶ 31,0 - 99.7 - 7,62.7 Located at ▶ 64.9 Santa, Cl. Cly VENTCE ST. CA ZP+4 ▶ 90,291. b At any time during the cleinedar year, did the organization have an interest in or a signature or other atinoty over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. P 43 Did the organization maintain any donor advised funds during th			37h		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?. 38			3/6		<u> </u>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a	30 a		382	x	
39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. b 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 section 4911 ▶	b		334	 	i
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40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶		· · · · · · · · · · · · · · · · · · ·]		
b 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 that has not been reported on any of its prior Form 990 erg. 27 If "Yes," complete Schedule L, Part I cell of 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 described by the organization or disqualified persons during the year under sections 4912. 4955, and 4958 described by the organization or disqualified persons during the year under sections 4912. 4955, and 4958 described by the organization or disqualified persons during the year under sections 4912. 4955, and 4958 described by the organization or disqualified persons during the year under sections 4912. 4955, and 4958 described by the organization or disqualified persons during the year under sections 4912. 4955, and 4958 described by the organization or disqualified persons during the year? 400 manufaction aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T and the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T and the organization books are in care of the foreign country is file. 50 manufaction aparty to a prohibited tax shelter transaction? If "Yes," complete organization books are in care of the foreign country. 10 manufaction or a sugnalization books are in care of the foreign country. 10 manufaction or a file of programization or described by the organization books are in care of the foreign country. 10 manufaction or described by the organization manufaction or manufaction]		
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I to 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in the 40c reimbursed by the organization in the 40c reimbursed by the organization. Enter amount of tax on line 40c reimbursed by the organization in the 40c reimbursed by the organization. Enter amount of tax on line 40c reimbursed by the organization. Enter amount of tax on line 40c reimbursed by the organization self-enter amount of tax on line 40c reimbursed by the organization self-enter amount of tax on line 40c reimbursed by the organization self-enter amount of tax on line 40c reimbursed by the organization self-enter amount of tax on line 40c reimbursed by the organization self-enter amount of tax on line 40c reimbursed by the organization self-enter amount of tax shelter 40c and 40c reimbursed by the organization self-enter amount of tax between the 40c and 510 - 997-7627. Telephone no 510-997-7627. Located at 54.9 Santa Cl. City VENICE 51 CA 2IP+4 902.91. b 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 by 52c the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X if "Yes," enter the name of the foreign country. by 52c the instructions of tax exempt interest received or accrued during the t					
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Form 990-EZ (see instructions) 45b X	43 D				
		•	45b		$\frac{1}{X}$
		TOTAL GOOD LE JOSE MARINERO DE LA CONTRACTOR DE LA CONTRA		90-EZ	

		•					110
46		organization engage, directly or indirect		ctivities on behalf of o	r in opposition		X
Part	VI S	dates for public office? If "Yes," comple ection 501(c)(3) organizations on Il section 501(c)(3) organizations m	nly	7–49b and 52, and	complete the table	s for lines	<u> </u>
	50	0 and 51	·		•	3 101 11100	
	C	heck if the organization used Sche	dule O to respond to an	y question in this P	art VI		
						Yes	No
47		organization engage in lobbying activiti	es or have a section 501(h	n) election in effect du	ring the tax		
	-	"Yes," complete Schedule C, Part II.				47	X
48		ganization a school as described in sec		· ·		48	X
49 a		organization make any transfers to an e	•	ated organization?		49a	X
		was the related organization a section	_			49b	
50	•	e this table for the organization's five hes) who each received more than \$100	•	•		•	
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amo	
Name Title	NONE		Hr/WK	··	<u> </u>		
Name Title			Hr/WK	· · · · · · · · · · · · · · · · · · ·			
Name Title			Hr/WK				
Name Title			Hr/WK				
Name Title			Hr/WK				
f 51		mber of other employees paid over \$10 e this table for the organization's five h		. ▶ pendent contractors w	ho each received mo	re than	
	\$100,00	0 of compensation from the organization	on If there is none, enter	"None "			
		(a) Name and business address of each independ	dent contractor	(b) Type of servi	ce (c) Compensation	
Name City	NONE	Str ST	ZIP	<u>.</u>			
Name City		Str ST	ZIP				
Name City		StrST	ZIP				
Name		Str					
City		ST	ZIP				
Name City		Str ST	ZIP				
		mber of other independent contractors		000	•		
52	Did the	organization complete Schedule A? N o ed Schedule A	-			➤ X Yes	No
		perjury declare that I have examined this return, omplete Declaration of peparer (other than office			vledge		
	T			<u> </u>	10/25/20	18	<u> </u>
Sign		Signature of officer			Date		
Here		Lynne P Butler		/ 	Presiden	T	
_		Type or print name and title Print/Type preparer's name	Preparer's signature	Date	/	PTIN	
Paid		1	1 1 1/		Check	ıf	
Prep	arer	Kenneth Irek	Kenneth Ire	1 10/2	25/2018 self-employed Firm's EIN ▶26		'
-	Only	Firm's name ► Taxstar Income Firm's address ► 18305 Sherman W		- 91335-		8-844-8267	
		scuss this return with the preparer sho			Phone no 88	► X Yes	No
iviay (ie iro di	acuas tilis return with the preparer sno	win above , dee instruction			50m 990-F7	

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 chantable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 47-4459381

One	Recovery					47-445938 <u>1</u>		
Part								
The o	rganization is not a private founda		_					
1 [A church, convention of church	nes, or association	of churches described	ın sectio	on 170(b)	(1)(A)(i).	_a a	
2 [A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (For	rm 990 or	990-EZ)))	n T	
3	A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A)(iii).	O (
4 [A medical research organization hospital's name, city, and state		unction with a hospital	describe	dın secti	ion 170(b)(1)(A)(iii)	. Enter the	
5 [An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a colle	ge or university owner	d or opera	ited by a g	governmental unit de	escribed in	
6 [A federal, state, or local govern	nment or governme	ental unit described in	section 1	170(b)(1)(A)(v).		
7 [An organization that normally r described in section 170(b)(1)			rom a gov	vernmenta	Il 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-grai	zation described in nt college of agricul	n section 170(b)(1)(A) Iture (see instructions)	(ix) opera Enter th	ited in cor e name, c	njunction with a land aity, and state of the	-grant college college or	
10 [university X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income 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 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) d	or section	509(a)(2). See sec	ction 509(a)(3).	
а	Type I. A supporting organization organization You must co	s) the power to reg	ularly appoint or elect					
b	Type II. A supporting organ control or management of the organization(s) You must	ne supporting organ	nization vested in the s					
С	Type III functionally integr						tegrated with,	
d	its supported organization(s						organization(s)	
u	that is not functionally integring requirement (see instruction	rated The organiza	ation generally must sa	atisfy a dis	stribution r	requirement and an	attentiveness	
е	Check this box if the organization						ype III	
	functionally integrated, or T							
f	Enter the number of supported	organizations						
<u>g</u>	Provide the following information					· · · · · · · · · · · · · · · · · · ·		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)	-							
(B)								
(C)								
(D)								
(E)								
Total								

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 qui	ality under the	tests listed bei	ow, please com	ipiete Part II)		
Sec	ction A. Public Support					,	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")					197000.	197000.
2	Gross receipts from admissions, merchandise	I					
	sold or services performed, or facilities furnished in any activity that is related to the	I					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	ıts 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					197000.	197000.
6	Amounts included on lines 1, 2, and 3		-				
1 a	received from disqualified persons						
_	Amounts included on lines 2 and 3					1	
D							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year .						
	Add lines 7a and 7b						·
8	Public support (Subtract line 7c from	,					107000
	line 6)	<u> </u>	<u> </u>				197000.
	ction B. Total Support	4) 0040	4 > 004 4	(-) 0045	(-1) 0040	/-> 2047	/f) T-4-1
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					197000.	197000.
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						
С	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)					197000.	197000.
14	First five years. If the Form 990 is for the or	ganization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here						ightharpoons X
Se	ction C. Computation of Public Su	pport Percent	age				-
15	Public support percentage for 2017 (line 8, c			(f))	·	15	0.00%
16	Public support percentage from 2016 Sched			(),		16	0.00%
$\overline{}$	ction D. Computation of Investmen			-			
17	Investment income percentage for 2017 (line			column (fl)		17	0.00%
	Investment income percentage from 2016 S			01011111 (1))		18	0.00%
18	33 1/3% support tests—2017. If the organiz			4 and line 15 is mi	ore than 33 1/3%		2.0070
ıJd	not more than 33 1/3%, check this box and s						
h	33 1/3% support tests—2016. If the organiz						· · ·
J	line 18 is not more than 33 1/3%, check this						▶□
20	Private foundation of the graphy attended in						

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

50 to www.irs.gov/Form990 for instructions and the latest information.

Name of the	organization					-		Emple	oyer ide	entifica	tion n	umber		
One Re	covery							47-	4459	9381	<u> </u>			
Part I	Excess Benefi Complete if the	t Transaction organization a	s (section 501) inswered "Yes'	(c)(3), s " on Fo	section 5 orm 990,	501(c)(4), a Part IV, lin	nd 50 e 25a	1(c)(29) organız or 25b, or Form	ations 990-6	only) EZ, Pa	art V,	line 4	0b	
			(b) Relationship b	etween c	disqualified	person and		/-\ D	64		_		(d) Con	ected?
1	(a) Name of disqualifie	ed person		organıza	ation			(c) Description	n or trar	isaction	1		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)											_			
(6)														
2 En	ter the amount of	tax incurred by	the organizati	ion mai	nagers o	or disqualifi	ed pe	rsons during the	year					
und	der section 4958									1	▶ \$			
3 En	ter the amount of	tax, if any, on	line 2, above, r	eımbur	rsed by t	the organiz	ation		•	!	▶ \$			
Part II	Loans to and/o Complete if the organization re	organization a	inswered "Yes'	" on Fo	orm 990- t X, line	EZ, Part V, 5, 6, or 22.	line 3	38a or Form 990	, Part	IV, lin	e 26,	or if t	he	_
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal ar		(f) Balance due	(g) In (default?	by bo	proved ard or nittee?	(i) W agree	
				То	From				Yes	No	Yes	No	Yes	No
(1) Lyn	ne P Butle	Presiden	Pay expe	n X		124,81	7.	64,310.		Х	Х		Х	
(2)				İ										
(3)														
(4)		1												
(5)														
(6)														
(7)														_
(8)	-													
(9)						<u> </u>		<u></u>				ļ		
(10)		<u> </u>		<u> </u>					ļ	<u> </u>		<u> </u>		
Total		·					▶ \$	64,310.						
Part III	Grants or Assi Complete if the	istance Benef	iting Intereste	ed Pers	sons. orm 990.	Part IV. lin	e 27							
(a) Nam	ne of interested person	(b) Relation	ship between inter	ested ((d) Type of assistance	e	(€	e) Purpo	ose of a	ssistan	ce
(1)		person		-			ļ			 				
(2)		_						•			-			
(3)														
(4)	· · · · · · · · · · · · · · · · · · ·			$\overline{}$			 			 				
(5)				+	_		 			\vdash				
(6)				+						 		-		_
(7)				$\overline{}$			 							
(8)				$\neg +$		<u></u>					-			
(9)				$\overline{}$			<u> </u>							
(10)			· · · · ·											
										_				

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
					Yes	No
	······································					<u> </u>
						<u> </u>
		 				
					_	
			-		_	
						Ĺ
t V_	Supplemental Information Provide additional information	n for responses to questions of	n Schedule L (see in	structions)	 	
					<i>.</i> 	
· • • • • •					.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

47-4459381 One Recovery Other Expenses List of expenses itemized Program services, Line 31 Telephone assistance line for parents help with struggling teens.