## **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury

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-FZ and its instructions is at www.irs.gov/form990.

Intern	al Rever	nue Service	Information about Form 9	SU-LE and its motif	otions is at www.ms.	901/10/11/000					
A F	or the	2016 calenda	ar year, or tax year beginning	01/01	, 2016, and er		12/31	, 20 16			
B C	neck if ap	oplicable:	C Name of organization		173 stol	D Emple	anisi ma	tification number			
A	ddress c	hange	Yarnell Regional Community Center		(C) (C) (C) (C) (C)	SETTLES IN BELLIOI		2467916			
	lame cha		Number and street (or P.O. box, if mail is n	ot delivered to street ac	Idress) Room	/suite E Telep	hone nun	nber			
	nitial retu	ANTO DATE	PO Box 641	in win of browns	at A shikasi 9 km	ov military	928-	427-6342			
=	ınaı retur mended	n/terminated	City or town, state or province, country, ar	d ZIP or foreign postal	code	F Grou	p Exem	ption			
		n pending	Yarnell, AZ, 85362	BEHALF CERTER, BEGGE	inon' resociati	Num	ber >	ezitießin ein si tistaa			
G A	ccount	ting Method:		ecify) >	эттенортовов вог	H Check	▶ V if t	he organization is <b>not</b>			
	ebsite		ellcommunitycenter.org	altit connex	termani selondo en en dispasto anticies	required	to attac	ch Schedule B			
J Ta	x-exen		eck only one) - 🗸 501(c)(3) 🗌 501(c)	( ) ◀ (insert no.)	☐ 4947(a)(1) or ☐ 5	27 (Form 99	90, 990-	EZ, or 990-PF).			
KF	orm of	organization:	Corporation Trust	☐ Association	Other		ANTER 13	PERSON NEWSFELL DO.			
L A	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipt	s. If gross receipts a	re \$200,000 or more, o	or if total assets					
(Par	t II, col		w) are \$500,000 or more, file Form 990				<b>\$</b>	139,618			
Pa	art I	Revenu	e, Expenses, and Changes in	Net Assets or I	<b>und Balances</b> (se	ee the instruc	tions f	or Part I)			
		Check if	the organization used Schedule	O to respond to a	any question in this	Part I	STREET Y	V			
	1		ons, gifts, grants, and similar amou				1	99,445			
2.5	2		ervice revenue including governme		icts		2	38,993			
	3		ip dues and assessments		JUGSTI JIRJOHUS SINI SI	10	3	1,180			
	4	Investmen	The state of the s	er. Upen o days a r	neo yanuman una i	Liberty to learn	4	0			
	5a	Gross amo	ount from sale of assets other than	inventory	5a	0		The reservoirs			
32	b		or other basis and sales expenses		5b	0					
543	C		ss) from sale of assets other than i			)	5c	0			
0.0	6		nd fundraising events			ni sunozeb) st		Margora RRUC 18			
10	а	Gross income from gaming (attach Schedule G if greater than									
ne	I most	\$15,000)	to the bart. Hastendandan bad is had	ata dank tili dalam	6a	0					
en	b	Gross inco	ome from fundraising events (not in	cluding \$	o of conti	ributions					
Revenue			raising events reported on line 1)		The state of the s	m unassausă.					
10.1			ch gross income and contributions			0					
- 1	С	Less: direc	ct expenses from gaming and fund	raising events .	6c	0					
0	d		e or (loss) from gaming and fund			and subtract					
		line 6c)					6d	0			
n n	7a	Gross sale	es of inventory, less returns and alle	owances	7a	0		TRANSPORT OF STREET			
	b		of goods sold		7b	0					
7	C		fit or (loss) from sales of inventory	(Subtract line 7b fr	om line 7a)		7c	0			
	8		enue (describe in Schedule O)				8	0			
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7				9	139,618			
-	10		d similar amounts paid (list in Sche			******	10	0			
	11		aid to or for members				11	0			
S	12		ther compensation, and employee			************	12	46,595			
Expenses	13		nal fees and other payments to inde				13	5,805			
ber	14		y, rent, utilities, and maintenance				14	22,126			
EX	15	Printing, p	ublications, postage, and shipping				15	658			
	16		enses (describe in Schedule O) .s				16	56,787			
	17		enses. Add lines 10 through 16 .				17	131,971			
	18		(deficit) for the year (Subtract line				18	7,647			
ets	19		s or fund balances at beginning of					mios au avaciós a			
SS			ar figure reported on prior year's re				19	51,203			
Net Assets	20		nges in net assets or fund balance				20	0			
ž	21		or fund balances at end of year.				21	58,850			

-	990-EZ (2016)				1 7000	Page
Pa	rt II Balance Sheets (see the instruction		of Organization	Return		
-	Check if the organization used Schedu	lle O to respond to a	iny question in this			
22	Cash, savings, and investments			(A) Beginning of year	00	(B) End of year
23				9,000	_	26,62
24	Land and buildings	chadula O. Statement	shout Form 990-EX	26,316 16,187		22,310
25	Total assets			51,503		18,33
26	Total liabilities (describe in Schedule O)			300		67,27 8,42
27	Net assets or fund balances (line 27 of colum	nn (B) <b>must</b> agree wit	h line 21)	51,203		58,850
Par				Part III)		30,030
	Check if the organization used Schedu					Expenses
Wha	t is the organization's primary exempt purpose?		Meals Programs, Se			uired for section
Desc	cribe the organization's program service accomp			the state of the state of the	,	c)(3) and 501(c)(4) nizations; optional fo
as m	neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th	e services provided	d, the number of	other	
28	Yarnell Meals on Wheels, Northern AZ Council of C	Gov, 400 meals distribu	uted per month to cor	nmunities of	900) 8	2851 2g09936-367
	Bagdad, Congress, Kirkland, North Ranch, Peeples				mone	Form of organiz
	201			ittiesen ore entrord	him	Add lines Sb, Sc
		nt includes foreign gr			28a	57,184
29	450 Community Center Meals served per month, o	pen 5 days a week, 120	volunteer hours per	month.	NRO	ian alling
	The second of th	and Amen phones.	or or allopandic bas	ir Ngasamapio sri	h No	Che
			n emucens marne di	is, gilts, grafits, ac	oitud	1 Contr
ogr		nt includes foreign gra		Jioni eunei Vi	29a	35,513
30	Thrift Store to support meal programs and commu	ınity center. Open 6 da	ys a week, 5 hrs a da	y. 400	mane	meld 6
	Volunteer hours per month.					28Vni A
			CARLETTER DE NO KOSE	SE TO SHEE INOT THE		BOILD BE
04	(Grants \$ 0) If this amour	nt includes foreign gra	ants, check here .		30a	18,315
31	Other program services (describe in Schedule O				SUN DI	imas) p
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a	nt includes foreign gra	ants, check here .		31a	69
Part					32	111,081
ı aı	Check if the organization used Schedu	le O to respond to a	ny guestion in this	Densated—see the if	istruc	lions for Part IV)
	Chock if the diganization aboa deficat	(b) Average	(c) Reportable	(d) Health benefits,	a Rau	(FIGHT)
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	ot	Estimated amount of her compensation
Mich	elle Jacobsen	anii sos) aneve 1	CENTRAL DEE GENTO	e or (loss) non g	0	B 3621 B C
Boar	d President				. (5	
Bren	t Jordan	3	ENORE LYB entitle	s of inventory, less	0	88010 ST C
Boar	d Vice President			of goods sold	cost	teest d
Steve	en Spence	act tine to from the	O or anyelltony (put	las mon (seal) to ?	0	33019 2 C
Boar	d Treasurer		nedule O)	id of edhaseb) eur	19 VET	tentro 8
	a Scott	3	0	rue. Add Imes 1, 2	0	letoT 8 0
1.2	d Secretary		BILLDELIDE IN 1811) DIE	similar amounts y	DIE S	10 Grant
	Tidey	1	0	untern for to of bil	0	ienes ii o
U12/19. 1	d Director	Property to took	ian safeiditta nue '	ner compensation	188 <sub>1</sub> 200	g 12 Selari
	Florman	· statement in by	0	The second secon	0	0 13 Prote
10000	d Director		POLYDON POR INC. O	ms ,zeimm, ,men ,v	(Sined	ğ 14 Occu
	is Billeter	1 chedule O. Statement	0	ipscenons, postay	0	0
P T T T	d Director		B ENDOSTO	in editorab) apani		16 Other
Kim I	**	40	24,462	nage, Add mas in	0	ISTOT YF 0
Exec	utive Director	with the 27, colui	with colonies to	payanta on tropical	O BR	eoxa 8t la
	01		n prior year's return	2 behoner small w	or or all	
0	05	O stuberto an elete	rat sannelest hairt s	groote tee at a		
		plant it solled through	and of year. Com	elaces lett til selft		
(0103)	EST DOO HOT FORD STATES	A STATE OF THE STA		or fund balances	F 455	21 Net a
			the separate instruc	ion Aor norther, see	K 008	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	۷ Yes	No
33	Did 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	165	V
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	FBA		
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
35a	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)?	35a	biG	V
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	manary	
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	biG	V
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	noO	V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0			
b	Did the organization file Form 1120-POL for this year?	37b	A. Bertine	V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
		30a		
b	11 Tes, complete concade E, Fart II and cites are tetal arrests.			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
400	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
C	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			18
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		V
41	List the states with which a copy of this return is filed AZ			
42a	The organization of booke are in our of the little board of the li	928-23		1
	Located at ► PO Box 641, Yarnell, AZ 85362 ZIP + 4 ►	85	362	T NI -
b	3 , (	42b	Yes	No
	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).	10-		
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c	biO	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	etek)	Vac	No
A A =	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		V
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	-	V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.1		
	explanation in Schedule O	44d	1	V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	48.63	
b	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	AFI		-
	Form 990-EZ (see instructions)	45b		V

Form 990-E	EZ (2016)							Р	age 4
01111 000 1		oriupos inomotele icen	hoo thered lance a	rq lans A slobertoc	oth excell notisent	Olm 19	NO	Yes	No
		ation engage, directly or in			behalf of or in oppo	sition		100	the state of
		r public office? If "Yes," o	A President of the Control of the Co	, Part I	SECURITION OF SECURITION AND	· ·	46	1981	V
Part VI	All section 50 and 51	601(c)(3) organizations n 501(c)(3) organization ne organization used Sc	s must answer que			the tab	les f	СОРУ	
	ness	during the year from busi	e of \$1,000 or more	F04(L) -12 -41-		[	0.80	Yes	No
		ation engage in lobbying complete Schedule C, Par		section 501(n) election	on in effect during tr	ie tax	47	Atos.	V
		on a school as described i		i)? If "Yes." complete	Schedule E	line 35a	48	Y" H	V
		ation make any transfers t				esinser	49a	SSAA	V
		e related organization a se			sirini e oradnu mi	FERSION CONTRACTOR	49b	22/103	
<b>50</b> C	omplete this ta	able for the organization's each received more than	s five highest compen	sated employees (oth	ner than officers, dire	ctors, tr	rustee	es, and	d key
е	mpioyees) who	each received more than	rudeni orbi ni bedinuze	omed or incireot, as a	(d) Health benefits,	orie, erit	ici iv	orie.	378
	(a) Name and titl	e of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and deferr compensation			ed amou npensat	
None			hordoned terror	In total and serve the	David L David L	ire la casan	HOUR	r veries	
		COLOR STATE	. bevlevni involved	and enter the total at	JENST ANOTHSTICATION	NEW ROLLINGS	P. Pier	N III	0.00
				e included on line 9	r oitudhinea letigea	ons see			
		d66  · · · ·	a a a a governo	public ase of olab fit	cluded on line 9, for	at stole	cen a	eons)	6.9
		e denne sees seel grinden	ed on the organization	amount of tax import	organizations. Enter	(E)(a)(10			
	910		1000 7 <u>0</u>	# 51 64 HONOGE		W 1 1 %	4 110	3990	
			Use the organization	olisa) organizations	Oc ons (4)(5)foc	(6) (3) [10]	C. ROI	Deg	Ç)
	Lune_L	fre2_1_abstad=2_evolum	990-EZ7 II "Yes," or	ts prior Forms 990 or	to yna no barteger	ne ad for			
<b>51</b> C	Complete this t 100,000 of co	other employees paid over able for the organization mpensation from the organizes address of each independent	's five highest comp anization. If there is no	ensated independent one, enter "None." (b) Type of ser	HOC DIE AFRONO	ach rece	g 1161	1508	thar
None		man manunto iç a sir yi	and a monomingrid at	8886-T	es," con plete Form	ancoms Y" II Sni	orios:	D MA DEN	
		Tolephone no. 9		is return is filed > 1	h which a copy of the s books are in care o	aces wit deation's	ie en Noar	Laci	429
	55000	Z1P++ 5		\$0888	SA Jemey , Fé xos	09 40 11	s Def	Loca	
	70.00	- vilveritus resito to oroign	TO BE ROUTH TOO TON THE TANK	d the organization hav	the calandar year, di	gritub e	ny tim	TE IA	ď
				- Sandaura	reta romiger country :				
	tone	Head replaced to thouse.	HE mot VSOUT of	Theresides will be	ing for engagement an	DED TOTAL	al enti	14 16	
				-	. (RABR) a				
		other independent contr			the calendar year	naud ar	ly tim	is IA	0
С	ompleted Sche		THOU IS USE IN 23-086	mos prim seus sec	ISPABITO IGMORANON I	<b>. v</b>	Yes		No
Under pen true, corre	alties of perjury, I d ct, and complete. [	leclare that I have examined this Declaration of preparer (other tha	return, including accompar in officer) is based on all info	nying schedules and statem ormation of which preparer	nents, and to the best of mas any knowledge.	y knowled	ige and	ı belief,	it is
Sign	Claust	ire of officer			Date	seleni t	raraic	INOS	
Sign Here	as bearing od to				to eno etatego noi				
. 1016		l Bour-Beau, Bookkeeper print name and title			23-dee mot to t	aeteni b	79.Tall.	com	
Paid	119 0	preparer's name	Preparer's signature	100 100 100 100	ate Check self-en	if inployed	PTIN	Did 1	b .
Prepai					Firm's EIN ▶	m in acı	onarro	SILIXB	
Use O	nly Firm's name	101/01/01/01/01/01/01/01/01/01/01/01/01/	district notices to gram	sem ent remay ymne	Phonone	ganizati	no en	) biQ	658

. ▶ ☐ Yes ☐ No

Phone no.

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

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

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

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

► 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.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

arnell Regional Community Center

Employer identification number

74-24679

THE REAL PROPERTY.	CHICAGO IN COLUMN	Regional Community Center	11 - OL-1 /AII		o o posed a d	o this s	art ) Soc instruction	ne
Pai		Reason for Public Char						Que le ornero
	orga	nization is not a private founda	tion because it is	s: (For lines 1 through	12, cnec	k only on	C DUX.)	
1		A church, convention of church	nes, or association	on of churches descri	ped in <b>se</b>	ction 17	υ(Β)(Τ)(Α)(Ι).	
2		A school described in section	170(b)(1)(A)(II). (	Attach Schedule E (F	orm 990 (	379U-EZ	_)·)	
3		A hospital or a cooperative hos A medical research organization hospital's name, city, and state	n operated in co e:	onjunction with a hosp	ital desci	ribed in <b>s</b>	ection 170(b)(1)(A)(	eulev eril \$
5		An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described in
6		A federal, state, or local govern An organization that normally described in <b>section 170(b)(1)</b>	nment or governi receives a subst	tantial part of its supp	in <b>sectio</b> port from	n 170(b) a govern	(1)(A)(v). nmental unit or from	n the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		An agricultural research organi or university or a non-land-gra university:	nt college of agri	iculture (see instructic	ons). Ente	r the nam	ne, city, and state of	the college or
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and unr fter June 30, 197	nctions—subject to co related business taxal 75. See <b>section 509(</b> a	ertain exc ole incom <b>1)(2).</b> (Cor	eptions, le (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its
11		An organization organized and	operated exclus	sively to test for public	safety. S	See <b>secti</b>	on 509(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а		Type I. A supporting organithe supported organization supporting organization. Yes	ization operated (s) the power to	, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppo jority of t	rted organization(s),	typically by giving
	70a	<ul> <li>Type II. A supporting organization (s). You must</li> <li>Type III functionally integrits supported organization (</li> <li>Type III non-functionally integrated its not functionally integrated its not functionally integrated its not functionally integrated in the integrated in t</li></ul>	the supporting o complete Part I' rated. A support s) (see instructio integrated. A su grated. The orga	rganization vested in V, Sections A and C. ting organization oper ns). You must comple pporting organization nization generally must	the same rated in collete Part operated st satisfy	onnection  IV, Section  d in connection a distribu	that control or mana n with, and functions ons A, D, and E. ection with its suppo- ation requirement an	age the supported ally integrated with, orted organization(s)
}¢€	88.6	Check this box if the organ functionally integrated, or	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
f		inter the number of supported o	organizations .	ram II, line 14 Lael check the box'o	A SELECTION AND AND AND ADDRESS AND ADDRESS AD	nos cros Inégro er	rt percentage from i ort test-2018, if th	oddna stonii et
9	(i)	Provide the following information  Name of supported organization			(iv) Is the o	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			check a box or	organization did not	Yes	No	nd-circumstances	17a 10%-faota-a
(A)	oen Jen	n qualifies as a publicly suppo	ritesinagro erfi	acts and oreuneus circumstances <sup>®</sup> test	ans-atos	ets the "	e, and il me organi. he organization me	Part VI how
(B)	anil	line 13, 16a, 16b, or 17a, and	check a box or	organization did not	ris, if the	is—feat	nd-circumstances	refork-facter
(C)	doile d	organization qualifies as a pub	nces" test. The	"facts-and-circumst:	eon nos	n nelfexi	it more, and it the ingality of the organical and the organical an	Explain in P
(D)	4	17b, check this box and see	6s, 16b, 17a, or	ok a box on line 13, 1	arlo ton t	zation di	detion. If the organ	18 Private four
(E)	(\$3-	80 to 090 mmoT) A eluberios						

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

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

	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	laternasa terun	acoltexions	NAT avelega	TOTAL	er Compilering	
	membership fees received. (Do not	nada Ot day	Par lines 1 time	si ti seus nerte	watering and	viva a ton sina	
	include any "unusual grants.")	66,930	111,794	79,562	57,531	74,329	390,146
2	Tax revenues levied for the	E (Form 990	stuberto2 ricert	A) JOHANNA	Tr nothing ri	perliment to a	
	organization's benefit and either paid	noifees ni bed	hoseb notesi	agra solvias ir	10 500	0000 0 4/ 574	215 042
	to or expended on its behalf	40,092	42,281	42,596	43,500	46,574	215,043
3	The value of services or facilities				end state:	ijal's neme, cit	
	furnished by a governmental unit to the organization without charge	erty owned or	ege of unive	onefit of a ci	ent to bet	nonzation ope	o na 🗌 🧸
4	Total. Add lines 1 through 3	107,022	154,075	122,158	101,031	120,903	605,189
4	ATTEME TO THE	107,022	134,073	122,100			Dat A 🔲 . 0
5	The portion of total contributions by each person (other than a	mon ravaque	ill in teglet	ETHALLE E CEVI		are relegions.	
	each person (other than a governmental unit or publicly				<b>持年以及資益的原</b> 系		
	supported organization) included on						
	line 1 that exceeds 2% of the amount			LANGEROUSE PRO	BASKUSQIQ NOV	See of the order	
	shown on line 11, column (f)			OF SAME AND SAME	The state of the s		ovine
6	Public support. Subtract line 5 from line 4	nd howaits of	10 35 250 42			King Spirit Spirit Spirit	605,189
	on B. Total Support	to certain exc	dons—subject	s exempt fund	of batalet sel	4 3 0040	(6) T-+-I
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	107,022	154,075	122,158	101,031	120,903	605,189
8	Gross income from interest, dividends,	ohed of to file	aly for the beni	vieuloxe beig	to bna besin	denization orga	
	payments received on securities loans,	section 609(a)	described in	organizations	idy supported	duq erem 10 d	
	rents, royalties and income from similar	f supporting o	bes the type o	12d that desc	a 12a through	the box in line	1,925
gnly	sources	650	1,275	on operated, a	ang organizat	locdas A il sel	1,723
9	Net income from unrelated business activities, whether or not the business	or elect a ma	nioqqe yhslut	ie power to re	ganization(s) t	r supported or	
	is regularly carried on	ons A and B.	Part IV, Sect	reigmes ren	zation, You n	porting organ	0
10	Other income. Do not include gain or	nollosinoo n	belleting to	Non Supervised	eruil oldansve	oqque A. all eq	N 🗆 g
10	loss from the sale of capital assets	d in the same	deev nationing	upporting org	entent of the	ntrol or manag	
	(Explain in Part VI.)	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10					CONTRACTOR NO. 1040	607,114
12	Gross receipts from related activities, etc.	. (see instruction	ons)		ay (a) nonzasi is	12	0
13	First five years. If the Form 990 is for th	ne organization	i's first, second	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		in to the course	anagao sa rasa	a many ninggi an	SECTION FOR SERIES	
Secti	on C. Computation of Public Suppor	t Percentag	е		Apriono o o o o	accept of the state and p	
14	Public support percentage for 2016 (line 6	6, column (f) di	vided by line 1	1, column (f))	and to better	14	99.68 %
15	Public support percentage from 2015 Sch	nedule A, Part	II, line 14 .	enolesia		15	99.66 %
16a	331/3% support test—2016. If the organi	ization did not	check the box	on line 13, ar	id line 14 is 33	31/3% or more,	D
	box and <b>stop here.</b> The organization qua	lifies as a publ	iciy supported	organization		io 221,0% or m	ore check
b	331/3% support test—2015. If the organithis box and stop here. The organization	zation did not	cneck a box o	n line 13 or 16	a, and line 15	15 33 73 70 OF 111	<b>&gt;</b> [
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me	<b>016.</b> If the orga	anization did n	ot check a box	eck this hox a	and <b>stop here.</b>	Explain in
	Part VI how the organization meets the "	facts-and-circ	-and-circumsta umstances" te	st. The organi	zation qualifies	as a publicly	supported
	organization	iacts and one					▶ [
	10%-facts-and-circumstances test—2						
b	15 is 10% or more, and if the organize	ation meets th	e "facts-and-o	circumstances'	' test, check	this box and	stop here.
	Explain in Part VI how the organization r	neets the "fac	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k 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.)

	on A. Public Support	otto a Constant	The Live Ch	arraga a ras 1	THE THE PERSON	a b. II you u	H US
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
111	Gifts, grants, contributions, and membership fees				THE PERSON NAMED IN	Maria modelina	De and contract
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		no behoadus	eds word IV in	eff of network	or ore organ	musob .
	sold or services performed, or facilities furnished in any activity that is related to the		unitroo bas o	ation. If histor	elean on ann	nemana daga	so sasto
	organization's tax-exempt purpose		to the second	TOZONY W. TYOUST	Septo actuality	Apply (enterting)	no oceno
3	Gross receipts from activities that are not an	t mailesin sono	ed wed W ha	Sillegio Dello	idns Aug sabi	nonezhegio	am blu x
	unrelated trade or business under section 513	organization (	SATE ARCHE 28 3 82	THE CHARGES	1891 B 1(S) 10 I	i gajeog nona	under a
4	Tax revenues levied for the		a al beditaceb	iolissinapio b	dionaula a ava	d politovinoma	400 NOT 40
	organization's benefit and either paid to or expended on its behalf		77 77 47 47 47 47 47 47 47 47 47 47 47 4			o) below.	one (d)
5	The value of services or facilities	<del>a solorso loterida</del>	PARTICIPATION OF	specialist u	and the ear	arganizateon c	ienthid d
	furnished by a governmental unit to the	s," describe i	39(a)(2)? If "Ya	der aection 5	Door tests n	a pilotiq arif	satistica
	organization without charge				ACABABARRED	SIL DUBIN NOS	(Sinsyno
6	<b>Total.</b> Add lines 1 through 5	carlantus.	A STONESTON	at automorphism	STATE OF STATE	STRAINER REGER	MAIN THE S
7a	Amounts included on lines 1, 2, and 3		A STATE OF THE PARTY OF THE PAR		S S S S S S S S S S S S S S S S S S S	NO COLL HIS	wared and
	received from disqualified persons .	ates ("foreign	te belinu ent.	n besinagio i	IN CORPLIANCE	o peneddas A	TA SUM SA
b	Amounts included on lines 2 and 3	394319	(4) 1814 (4) 461	The state of the s		Data bug It Sh	2 46371
D	received from other than disqualified	ting whather	cep in nellenc	alo bris lostria	ave ultimate t	i nomskirajen	ant bid d
	persons that exceed the greater of \$5,000	genization he suoported or	<b>VI</b> how the on section with its	SCHOP III PORCE	DO ASST N 10	DUSTRIBLE OF	noqque
	or 1% of the amount on line 13 for the year		Par Trainer Thoraceast	LEOD III NO GIS E	THE PERSON NAMED IN CO.	MOUNTOJ GIRBO	anceno
C	Add lines 7a and 7b	Marine Fil Send	Tologian Services	Heading units	FIFTH HOUSE	EDUEZHIE SE	atti piri o
8	Public support. (Subtract line 7c from					4	ranani ranan
	line 6.)						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	act (i) resume	n na na tantistina	to halish as	The state of the s	er (a) er er (a)	IND RACINES
10a	Gross income from interest, dividends,	doug prignor	document sulf	MESTREONO S'ON	(he organizati	when vinority	SERVICE CONTRACTOR
	payments received on securities loans, rents,	dinemi.	rgenizing docu	dment to the d	ch as by americ	us) badslicen	210 23391
	royalties and income from similar sources .	rienas hab	nanca bakaba	No an balaba		- 11	
b	Unrelated business taxable income (less		ent?	musob enisin	pie r'noifesin	anno enti ni ba	tendisəh
	section 511 taxes) from businesses	sma ent boow	nd ineve na to		fitedus entras	V .vina enoth	litedu8 o
	acquired after June 30, 1975	in the second	desired to	INDUSTRUCTION	MISSISS SITT GO	A ABISTO, BLUDAL	
C	Add lines 10a and 10b	to men eve to	d to absorbing to a	L applications	Todayan buryon	in med with	I SITI DILLI O
11	Net income from unrelated business	porting organ	cus terito (iii)	genizations, c	ne behodeus	di to mam to	eno vo
	activities not included in line 10b, whether	aeY" 11 Sanoit	erted organizati			d elon no en	Merted
	or not the business is regularly carried on	errore and enter	- anito- un molto				
12	Other income. Do not include gain or	contributor, i	a substantial	redmem vlim	IT IS ROMENISHS	84 notions of	pantfish)
	loss from the sale of capital assets	edule L (Fam	te Part I of Sch	Yes," comple	contributor? If	elinatedue a c	bassar
	(Explain in Part VI.)	anilage at he	(action) nome	- discosib	of neof e edic	r notizalisate	elli DIG B
13	Total support. (Add lines 9, 10c, 11,		990-EZ).	L (Form 990 c)	I of Schedule	complete Pari	If "Yes,"
	and 12.)	s polyula san	L. final	al Hainel for the	a au fifth to	1001 00 0 00-1	on FO1(a)(2)
14	First five years. If the Form 990 is for the						on 501(c)(3)
0 .	organization, check this box and stop he		No the G	ol liedale abuse	0 7 (000) N 0 (00	10 (1)(c)000 m	<del>olfoes ni</del>
	on C. Computation of Public Suppor			10 1 (6)	Hester belilla.	15	%
15	Public support percentage for 2016 (line		WELL THE STREET AND AND AND ADDRESS.		ation had an in	16	%
16 Soot	Public support percentage from 2015 Sci			nd (a0 onli m	<del>benilob as) no</del>	10	10 H 1/10 0
-	ion D. Computation of Investment In Investment income percentage for 2016 (			vilino 12 och	mn (fl)	17	%
17						18	%
18	Investment income percentage from 2019 331/3% support tests—2016. If the organ	ization did no	t check the bo	x on line 14	and line 15 is n		
19a	17 is not more than 331/3%, check this box	and ston hard	. The organizat	ion qualifies as	a publicly supr	orted organiza	tion . ▶ [
	331/3% support tests—2015. If the organiz						
b	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this	hox and eton	here. The organ	nization qualifie	s as a publicly s	supported orga	nization ▶ □
20	Private foundation. If the organization di						_
/11	Fivale loungation. If the organization of	IN HOL UHOUN C		r. 100, UI 100,	OLICOK LIND DOV	wild ood illott	ACTION P

#### 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.)

	on A. All Supporting Organizations	Emerily	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<b>1</b> 00	emui	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	SOIL	
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	7010	
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 <b>Part VI</b> when and how the organization made the determination.	3b	96 <sup>9</sup>	3
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	E31	
4a	E'sos Suit soni go bawales	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	ana ana	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	T(Isq	22
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	nia.	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	TOESE	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	Stea Anti-	10
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	8801	27
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		- 24
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	1010	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	dus	GI
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	3,110	100
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	Woza	11 04 188
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		ti i

Part	IV Supporting Organizations (continued)	J. 18	391	
181	ere if the crosnization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1979 (explain in Part VI). Se		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	gundi		
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 no	last
b	A family member of a person described in (a) above?	11b	de la	8.0
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	Vector	3 0
Secti	on B. Type I Supporting Organizations	-	1/	10
	Did the division to the state of a second cranic of an arrange of a second cranic of a se		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	27.00		
	dt spreier dan viden		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 <b>Part VI</b> 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	191 191	NILLEN A	4 0
	¥2 from line 1d.	- 1 fe	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?			
	5 By 035,	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	0	Colour	
		notru	otion	-1
-1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	iisiiu	CLIOII	5).
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line's below.	see in	struct	ions)
	lona).	300 111		
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 the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3)  1 Check here if the organization satisfied the Integral Part T	est as a qualifying	trust	on Nov. 20, 1970 (expl	
instructions. All other Type III non-functionally integrated Section A - Adjusted Net Income				ions A through E.  (B) Current Year
Section A - Adjusted Net Income	- Ynollasinegr	o best	oggi (i) Tiol Toda	(optional)
1 Net short-term capital gain	Yavode (	1	editoseb nomen a lo re	ad mem ylimet A d
2 Recoveries of prior-year distributions	Yevoda (d) to (a) ni	2	d entity of a person desi	c A 35% centro le
3 Other gross income (see instructions)		3	exinsgru gnaroddr	e i equi .a rotoe
4 Add lines 1 through 3.		4		
5 Depreciation and depletion	das etotu to eto il	5	e, truspeses, or maintue	to belia ent biG - f
6 Portion of operating expenses paid or incurred for production collection of gross income or for management, conservation, or maintenance of property held for production of income (see instance).	refro neuroddes e	6		tax year? if " fo ontrolled the
7 Other expenses (see instructions)	V STOTO CIT COTTO	7	ie powers to appoint a	describe now th
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	anders were a second	8	A 10 BROWNING WINY OF	18 CHONESHIEGHU
Section B - Minimum Asset Amount	of any supported or controlled the sup	ille ne	(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):	enizetion.		deman tender determine Sorordes des beschoots	11 (002978Q);
a Average monthly value of securities	9	1a	lupporting Organiza	edian C. Type I S
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-exempt-use assets	ins or trustees duri	1c	of the organization's c	ytholem s ensW - f
d Total (add lines 1a, 1b, and 1c)	ported organization	1d	ach of the organization	or trustaces or ex
e Discount claimed for blockage or other	ON Was yested in D		The grand and to	in all the result for
factors (explain in detail in <b>Part VI</b> ):			A Mineral Charles	1 Hearth Control of the Control of t
2 Acquisition indebtedness applicable to non-exempt-use asse	ets anoth	2	III Supporting Orga	edien D. Alt Type
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for see instructions).	r greater amount,	4	tion provide to each of it is year, (i) a written notic	1 Did the organization's te
5 Net value of non-exempt-use assets (subtract line 4 from line	3)	5	of the Form 990 that wer	y qualit (ii) a copy
6 Multiply line 5 by .035.	mon to else ere no	6	SANTER COORTINETS ILL	© Englishmagto
7 Recoveries of prior-year distributions	tors, or trustees elf	7	organization's officers.	er the yes ereW = g
8 Minimum Asset Amount (add line 7 to line 6)	pody of a support	8	or (ii) serving on the gov	) f anottastaegro
Section C - Distributable Amount		moral S) m		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Col	lumn A)	1	i in the organization is	significant voice
2 Enter 85% of line 1.	yearr # "Yes," des	2	ne genuo aemit lie 16 si	es lo emponi
3 Minimum asset amount for prior year (from Section B, line 8,	Column A)	3		10 DETROCALED
4 Enter greater of line 2 or line 3.	spiO prilhogauli	4	an am Menosuras	La emil 3 nelles
5 Income tax imposed in prior year	ot begu coltesioen	5	to keep and the manufacture of the same	A Chart the he he as
6 Distributable Amount. Subtract line 5 from line 4, unless subtempression emergency temporary reduction (see instructions).	oject to	6	duk edi bakatas ncita	e D The organiz
7 Check here if the current year is the organization's first as instructions).	s a non-functionally	y inte	grated Type III support	ing organization (see
0N   89Y				(Form 990 or 990-EZ) 20

Part Sect	V Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	TODAY DID SULVO	(1 mosamioni isin)	Current Year
.d1	Amounts paid to supported organizations to accomplish	exempt purposes	PRICE OF STREET PARTY	1 21 23 1 24 18 181
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted - Family 1989	3a, and 3t
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	Le la secui
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			en de la companya del la companya de
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection 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			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				reference est a como
b				
С	From 2013			
d	From 2014			
е	From 2015		- British Bank Commenced City	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
1	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years	- September and a law and the law and the		
b	Applied to 2016 distributable amount			10 kitera je koj se majarija koji se koji majaronija
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:		en e	
a				profitances in the contract of the
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization	Employer identification number
Yarnell Regional Community Center	74-2467916
Form 990-EZ, Part II, Line 26 - Payroll Liabilities	Advertising
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Schedule O, Statement 1

Form: Form 990-EZ (2016)

Page: 1

Yarnell Regional Community Center

EIN: 74-2467916

Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
Advertising	75 cm 990-EZ, Part II, Line 26 - Payroll Liabilities
Education	. 181
Insurance	5,456
Internet	36
License Permits	109
Office Supplies	1,772
Supplies meals, cleaning & Equipment	38,032
Telephone	825
Thrift Store Supplies	1,066
Fund Raiser supplies	69
Alarm Monitoring	299
Depreciation	5,966
Community Center Expense	2,901
Total:	56,787

Schedule O, Statement 2

Form: Form 990-EZ (2016)

Yarnell Regional Community Center

EIN: 74-2467916

Part II, Line 24

Page: 2

Other Assets Structured Explanation

		ACA INTERNITION TO THE PROPERTY OF THE PROPERT	
Description	eabulant	Grants And	EOY Amount
4 Sheds	Foreign	Allocations	3,119
Equipment			5,046
Storage Conta	iners		2,176
Tables			161
Building 2			5,149
Quickbooks			200
Carpet			2,480
Total:			18,331

Schedule O, Statement 3

Form: Form 990-EZ (2016)

Yarnell Regional Community Center

EIN: 74-2467916

Page: 2

Part III, Line 31

Other Program Service Accomplishments						
Grants And Allocations	Includes Foreign Grants	Program Service Expenses				
0		69				
		69				
	Grants And Allocations	Grants And Includes Allocations Foreign Grants				