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21

22

Form	990.8E
D	7989

Check if applicable Address change

For the 2017 calendar year, or tax year beginning

13815 Kinsman Road

Cleveland, Ohio 44120

Doing business as same as above

F Name and address of principal officer

Internal Revenue Service

Name change

Final return/terminate

Application of ading

Return of Organization Exempt From Income Tax

E Telephone number

G Gross receipts \$

H(a) Is this a group return for subordinates? Yes No.

OMB No 1545-0047

9

Open to Public Inspection

, 20 D Employer identification number

34-1599720

216-346-9251

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.

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

Nicholas E Perry

C Name of organization Mount Pleasant Now Development Corporation

Number and street (or P O box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

2017, and ending

Room/suite

same as C above H(b) Are all subordinates included? Tes No. If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) ∐ 501(c) (Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other ► L Year of formation M'State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. To provide community & economic development Activities & Governance to residents and businesses in the Mt. Pleasant area 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 5 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.00 Net unrelated business taxable income from Form 990-T, line 34 0 00 **Current Year** Contributions and grants (Part VIII, line 1h) 8 181,003 150,250 Revenue 9 Program service revenue (Part VIII, line 2g) 168,916 145,850 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 23,842 15,525 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 402,122 325.000 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 775.883 636,625 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salar 's, other compensation, employee benefits (Part IX, column (A), lines 5-10) 418,993 418,993 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 471,683 535,725 18 Total expenses. Add lines 13-17 (must equal Part IX, cotume (A), line 25) 890,676 785.737 19 Revenue less expenses. Subtract line 18 from line 19 -114.793 -149,112

Sign Executive Here cho19 pe or print name and title Date Print/Type preparer's name Check ✓ ıf Paid //•8•/8 self-employed P02039268 R. Blackwell Preparer Firm's EIN ▶ 47-5254405 Firm's name ► Bravura Accounting Solutions LLC Use Only Firm's address ▶ P.O Box 22036, Beachwood Ohio 44122 Phone no 216-491-1778 May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes
☑ No

true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

For Paperwork Reduction Act Notice, see the separate instructions.

Total assets (Part X, line 16)

Signature Block

Total liabilities (Part X, line 26) .

Net assets or fund balances. Subtract line 21 from line 20

Under penalties of perjury, I declare that I have examined this return, including accompany

Cat No 11282Y

ning of Current Year

10,108,343

1,885,050

8,223,293

and statements, and to the best of my knowledge and belief, it is

Form 990 (2017)

End of Year

11,725,050

2,525,000

9,200,050

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE COMMUNITY & ECONOMIC DEVELOPMENT TO RESIDENTS & BUSINESSES IN THE MT PLEASANT AREA IN ORDER TO REVITALIZE & STABILIZE THE COMMUNITY & MAKE MT PLEASANT A DESIRABLE, SAFE NEIGHBORHOOD
	IN WHICH TO LIVE, WORK, SHOP & RAISE A FAMILY
2	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	
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.
	the total expenses, and revenue, if any, for each program convice reported.
4-	(Code:) (Expenses \$ 185,050 including grants of \$) (Revenue \$ 75,925)
4a	(Code:) (Expenses \$ 185,050 including grants of \$) (Revenue \$ 75,925) PROPERTY MANAGEMENT - HANDLED BY ASSIGNED STAFF AND FOCUSES UPON PROACTIVE SERVICES TO GENERATE
	GOOD TENANT / MANAGEMENT RELATIONS, SOUND MAINTENANCE PROGRAMS, AND ONGOING SEMINARS TO PROMOTE
	TENANT GROWTH.
415	(Code.) (Expenses \$ 203,125 including grants of \$) (Revenue \$ 80,250)
4b	(Code.) (Expenses \$ 203,125 including grants of \$) (Revenue \$ 80,250) NEIGHBORHOOD PROGRAMS - NEIGHBORHOOD ORGANIZING AND ENGAGEMENT OF BLOCK CLUBS / STREET CLUBS AND
	RESIDENTS ORGANIZATIONS TO ADDRESS AND RESOLVE COMMUNITY ISSUES AND CONCERNS RE-IMAGING OF VACANT LOTS
	INTO SIDE-YARD EXPANSION FOR ADJACENT HOMEOWNERS OR CREATION OF PASSIVE PARKS, RECREATION SITES
	OR COMMUNITY GARDENS WORK WITH RESIDENTS ON POLICY AND ADVOCACY INITIATIVES
	OR COMMONT GARDENS WORK WITT RESIDENTS ON TOLICIT AND ADVISOR THAT MAY LES
4c	(Code:) (Expenses \$ 225,725 including grants of \$) (Revenue \$ 25,500)
	PROJECT DEVELOPMENT - ATTEMPTS TO RESTORE VITALITY TO KINSMAN ROAD DEVELOPMENT OF COMMERCIAL
	BUILDINGS TO ATTRACT NEW SERVICES AND BUSINESSES TO THE COMMUNITY, MANAGEMENT OF A 57,000 SQ. FT
	BUILDING WHICH HOUSES CUYAHOGA COUNTY PROGRAMS AND SERVICES, AS WELL AS THE MT PLEASANT NOW OFFICES
	ALSO FOCUSES ON RESIDENTIAL DEVELOPMENT, CONSISITING OF NEWLY CONSTRUCTED AND REHABILITATED SINGLE
	AND MULTI-FAMILY HOUSING IN ADDITION, OVERSEES A PROPERTY CODE ENFORCEMENT PROGRAM TO IDENTIFY
	PROPERTIES WITH CODE VIOLATIONS AND TO ASSIST OWNERS WITH REMEDIATION OPTIONS. OPERATES A
	MICRO-ENTERPRISE CENTER FOCUSED ON JOB CREATION AND DEVELOPMENT, ENTREPRENEURISM AND BUSINESS
	DEVELOPMENT AND ENHANCEMENT
	······
	······································
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses • (12 and

19



orm 99	0 (2017)	<u> </u>	<u> </u>	Page 3
Part	V Checklist of Required Schedules			
4	to the assessment described as section E01(a)(a) or 4047(a)(1) (athor than a private foundation)? If "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
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	22		~
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	23		"
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	ļ	~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	ļ	+
	Schedule L, Part IV	28b	1	~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
20	Part I	31	├	~
32	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		 	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	orm 99	0 (2017)		,	Page 🖁
The section of Forms W-2G included in line 1s Enter -0- if not applicable 1s 0	•				
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter-O- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field or the calendar year ending with or within the year covered by this return? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1"Yes," bas if filed a Form 90-1 for this year? If "No" to line 3b, provide an explanation in Schedule O. 4c 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. 5c and structions for lifting requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Dod any taxable party notify the organization that it was or is a party to a prohibited as shelter transaction? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d Organizations that may receive deductible contributions under section 170(c). 9d Organizations that may receive deductible contributions under section 170(c). 9d Organizations that may receive deductible contributions under sect				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to praze winners? 2 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 this return 3 It also the is reported on line 2a, did the organization file all required federal employment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 It is a still dea Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 4 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. 5 If "Yes," enter the name of the foreign country. 6 If "Yes," enter the name of the foreign country. 6 If "Yes," enter the name of the foreign country. 7 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes," enter the name of the foreign country. 9 Did any taxable party notify the organization file form 8886-17 9 Does the organization approach of the organization file form 8886-17 9 Does the organization any contributions that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions orgifis were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If "Yes," did the organization include with every solicitation and express statement that such contributions of and services provided to the payor? 10 Organizations that may receive deductible contributions under section 170(c). 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to lite Form 8282	1a	Enter the Hamber reported in Dexistent received and the service of			
a 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 this return It at least one is reported on line 2a, did the organization lile all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If ''Yes,' has it filed a Form 990-17 for this year? If ''No' for line 3b, prowde an explanation in Schedule 0. If ''Yes,' has it filed a Form 990-17 for this year? If ''No' for line 3b, prowde an explanation in Schedule 0. If ''Yes,' has it filed a Form 990-17 for this year? If ''No' for line 3b, prowde an explanation in Schedule 0. If ''Yes,'' anter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If ''Yes,'' enter the name of the foreign country. If ''Yes,'' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FiBAR), If ''Yes,'' did the organization file Form 8886-17? Bo bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If ''Yes,'' did the organization in the year and ye					
2a 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 this returm 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions). 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3d At any time during the calendary year, did the organization have an interfect in, or a signature or other authority over, a financial account in a foreign country, less than a scountly? 5d If "Yes," either the name of the foreign country. See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization apenty to a prohibited tax shelter transaction? 6 If "Yes," to line \$a or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line \$a or \$b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization that may receive deductible contributions under section 170(c). 9 Did the organization that may receive deductible contributions under section 170(c). 10 The organization section on this the donor of the value of the goods or services provided? 10 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 Did the organization receive any funds, directly or indirectly, or a perso	С		10		
Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b	0-		16		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990- T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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, leads a bank account, securities account, or other financial account? b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization start may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization exceive a payment in excess of \$75 made partly as a contribution of missers, and the part of the organization receive a payment in excess of \$75 made partly as a contribution of missers, and the payment of the forms \$890 as required? If Yes," indicate the number of Forms 8282 filed during the year Did the organization re	Za	, and the second			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? if "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? c Did the organization seceive any funds, directly or indirectly, on a personal benefit contract? If Yes," indicate the number of Forms 8282 filed during the year 17d If the organization receive any funds, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organ	h		2h	7	
bil the organization have unrelated business gross income of \$1,000 or more during the year? bil "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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, leuch as a bank account, securities account, or other financial account in a foreign country. bil "Yes," enter the name of the foreign country. bil "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See V bil "Yes," do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization share annual gross receipts that are normally greater than \$100,000, and did the organization share not ax deductible as charitable contributions or gifts were not tax deductible? Companization start may receive deductible contributions under section 170(c). bil "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Contributions and party for goods and services provided to the payor? Contributions that may receive deductible contributions under section 170(c). bil "Yes," did the organization notify the donor of the value of the goods or services provided? Contributions that may receive deductible contributions under section 170(c). bil the organization, during the year pay premiums, directly or indirectly, or pay premiums on a personal benefit contract? bil the organization neceive any funds,	U		-	<u> </u>	
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Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 11 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Gross income from members or shareholders c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b If "Yes," enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which		· ·	/c	-	<u> </u>
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	_		-	-	_
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b					
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966?		sponsoring organization have excess business holdings at any time during the year?	8	•	<u> </u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12	9				
Initiation fees and capital contributions included on Part VIII, line 12	а				<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12			90	-	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		· · · · · · · · · · · · · · · · · · ·			
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_		1		
a Gross income from members or shareholders			1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1 1			
against amounts due or received from them.)	_				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)			
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
a Is the organization licensed to issue qualified health plans in more than one state?	b	\ 			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13		10	-	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a	-	
the organization is licensed to issue qualified health plans	h	Note. See the instructions for additional information the organization must report on Schedule U. Enter the amount of reserves the organization is required to maintain by the states in which			
	D				
	С	Enter the amount of reserves on hand	†		

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		<u>· · ·</u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
4_	Factor the accordance of victima accordance of the governing body of the end of the tox year.		169	1
1a	Enter the number of voting members of the governing body at the end of the tax year	·		- 4
	if the governing body delegated broad authority to an executive committee or similar	;		1
	committee, explain in Schedule O.	`~'		_
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	,]
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2		\
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	•		\ \ \
	·	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
5 6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
	one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		, ,	- 1
	the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		~
Cooti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde l	
Secui	on B. Policies (This Section & requests information about policies not required by the internal never	<i>ac</i> 0.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		 -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
12	Did the organization have a written whistleblower policy?	13	~	
13 14	Did the experience have a written decument retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by	-	-,	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	7	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لب
	with a taxable entity during the year?	16a		<u> </u>
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			'
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	100		Ь
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
	NICHOLAS E PERRY, 13815 KINSMAN ROAD, CLEVELAND, OH 44120 (216-346-9251)	,		

•				
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees,	and
	Independent Contractors			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization	Tiol ally relate	u org	ainz		C)	ompe	1130	led any conten	Cincer, ancoto	, or trubtee.
(A)	(B)	,,,,	4 1		ition			(D)	(E)	(F)
Name and Title	Average	box.	unles	s pe	rson	e than d is both	an	Reportable	Reportable	Estimated
	hours per week (list any		_		_	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the
	related organizations	recto	tutio	ë	emp	est c	ਕਿ	organization (W-2/1099-MISC)		organization
	below dotted line)	~ 출	nalt		loye	Öğ				and related organizations
	111107	stee	ruste		0	ens		ŀ		organizations
			ě			ited				
(1) THOMAS STONE	40.00									
EXECUTIVE DIRECTOR		{		_	ļ			100,297	o	25,000
(2) NICHOLAS E PERRY	2.00									
PRESIDENT	 	-		~	ļ			0	o	o
(3) GWEN PENN	2 00									
VICE-PRESIDENT		<u>'</u>		~	ļ			0	0	0
(4) RONALD BECKETT	2.00									
SECRETARY		~	ļ	~	<u> </u>			0	0	0
(5) STEPHANIE STRAWBRIDGE	2 00									
TRUSTEE		~	ļ		┞	-	<u> </u>	0	0	0
(6) GWYNETTE SHAW	2 00		ŀ	ł	l	ĺ			o	
TRUSTEE	2.00	~	-					0		0
(7) LASHORN CALDWELL TRUSTEE	2.00	,			1			0	0	0
(8) ROBIN BROWN	2.00		╁─	_	╁┈					
TRUSTEE	2.00	"						0	o	0
(9) JIMMY GATES	2 00		<u> </u>		┢				-	
TRUSTEE		~	ł		l		l	o	o	o
(10)	_									
J	· · · · · · · · · · · · · · · · · · ·	1						_		
(11)										
			ļ				<u> </u>			
(12)										
(13)							-			
(14)						-				
					l		L			

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (con	tınued)		
•					•	C)			1				
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	ıs both	n an	Reportable	Reportable		Estima	
		hours per week (list any		г 1		1	or/trus	-	compensation from	compensation from related	n	amour othe	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	and Fig	Former	the	organizations		ompen	sation
		related organizations	l rec	럁	cer	e	nest Joye	Je J	organization (W-2/1099-MISC)	(W-2/1099-MISC) 		from t organiz	
		below dotted	호류	onal		ᄝ	မ်ိဳင္ခ	1	(44 2/1033-141130)			and rel	
		line)	l ste	훒		ee	per	ľ	İ		OI	rganıza	ations
			l iš	stee			Highest compensated employee	İ					
	<u> </u>			.		_	ä	<u> </u>			 		
(15)		ļ	ļ				ļ	}	}		1		
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(16)		ļ	ļ			ľ							
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(22)										-	1		
	·		1										
(23)									I		1		
(24)													
(25)	·										İ		
1b	Sub-total						•	>	100,297		0		25,000
C	Total from continuation sheets to Part	-		•	•		•	•	0	· · · · · · · · · · · · · · · · · · ·	0		0
d	Total (add lines 1b and 1c)						•	<u>•</u>	100,297		0		25,000
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,0)00 of		
	reportable compensation from the organi	zation -								·			
3	Did the organization list any former of	ficer direc	tor o	r tr	uete	20	kov s	mn	Novee or high	est compensa	ted [Y	es No
3	employee on line 1a? If "Yes," complete s						-	5111P	noyee, or riigh	est compensa		3	
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from	<u> </u>	<u>-</u>	
7	organization and related organizations												
	individual						, ,	٠,				4 -	
5	Did any person listed on line 1a receive of	r accrue co	ompei	nsat	ion	fror	m anv	un un	related organiz	ation or individ		\vdash	
•	for services rendered to the organization'										(5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent	contr	acto	ors that receive	d more than \$	100,000	of	
	compensation from the organization. Rep												's tax
	year.												
	(A)	-							(B)			(C)	.,
	Name and business add	ress							Description of se	ervices	Comp	ensatio	on
								<u> </u>					
								<u> </u>					
								<u> </u>					
2	Total number of independent contractor	•	_) tn	ose listed abo	ove) who			ļ

Form **990** (2017)

Form €	90 (2017	7)						Page 9
Part	VIII	Statement of Reve						
		Check if Schedule C	contains a res	ponse or note to	any line in this		<u></u>	🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1ạ	Federated campaigns	: 1a					,
Contr butions. Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
S, G	С	Fundraising events .	1c			•		'
Gifts, Ilar An	đ	Related organizations	1d	,		,		
S. E	e	Government grants (con	itributions) 1e	150,250			•	·
ion	f	All other contributions, g	itts, grants,			¥		, ,
t e		and similar amounts not inc	luded above 1f					
Contr butions. and Other Sim	g	Noncash contributions include	ded in lines 1a-1f \$	<u>. </u>		, ,	•,	
g ç	h	Total. Add lines 1a-1	f <u>.</u>	🕨	150,250		·	
				Business Code				
Program Service Revenue	2a	PROGRAM SERVICE F	EES	900099	145,850	145,850		
æ	b							
je Se	С							
Sen	d							
Ē	e							
g	f	All other program ser	vice revenue .					
<u> </u>	9	Total. Add lines 2a-2			145,850	···		
	3	Investment income						
	ŀ	and other similar amo			15,525			
	4	Income from investmen	t of tax-exempt b	ond proceeds ►				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	432,000					
	b	Less. rental expenses	107,000					
	С	Rental income or (loss)	325,000		<u> </u>			
	d	Net rental income or			325,000	325,000		
	7a	Gross amount from sales of	(i) Securities	(II) Other	.			'
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses				• •		,
	C	Gain or (loss)		L			·	
	d	Net gain or (loss) .		· · · · •				
<u>o</u>	0-	O		1				
Ž	oa	Gross income from fu events (not including \$	indraising				,	,
ě		of contributions reporte				•		
Œ		See Part IV, line 18 .				•		
Otner Revenue								,
ō		Less: direct expenses Net income or (loss) f					·	<u> </u>
		Gross income from ga		events . P			-	
	Ja	See Part IV, line 19 .						
	.	Less: direct expenses				· ·	•	
	b	Net income or (loss) f						
	_	Gross sales of in					• • •	,
		returns and allowance					-	
	h	Less: cost of goods a	-		· '	•		
	C.	Net income or (loss) f					-	
	<u> </u>	Miscellaneous F		Business Code		-		-
	11a	OTHER REVENUES		900099	0	0		
	b			1000//	 		 -	
	C							
	ď	All other revenue .						
	e	Total. Add lines 11a-			0			
	12	Total revenue See II			636 625			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				<u> 🔲</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	125,300			
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	219,363 6,448			
9	Other employee benefits	41,260			
10	Payroll taxes	26,622		,	
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,725	12,725	12,725	
С	Accounting	15,000	15,000	15,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
40	- 1	3,750	3,750	3,750	
12	Advertising and promotion	11,925	11.925	11.925	
13 14	Information technology	11,723	11,723	11,723	
15	Royalties				
16	Occupancy				
17	Travel	5,252			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	32,500			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	88,942			
23	Insurance	5,000	5,000	5,000	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. It line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,	3	- "	•
а	PROGRAM EXPENSES	115,725	115,725	115,725	<u> </u>
b	TELEPHONE	25,125	25,125	25,125	
C	CONTRACT LABOR	10,375	10,375	10,375	•
d	STRATEGIC PLANNING	5,000	5,000	5,000	
e	All other expenses	35,425	35,425	35,425	
25	Total functional expenses. Add lines 1 through 24e	785,737	240,050	240,050	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Form, 990 (2017) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash-non-interest-bearing 14,530 1 16,925 2 70,295 64,653 2 3 3 3,072,446 4 4.801.330 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 8 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 8,605,012 10b 3,128,862 5,476,150 10c 5,711,000 **b** Less: accumulated depreciation Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 1,480,564 15 1,125,500 15 10,108,343 11,725,050 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 195,071 17 210,200 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1.689,979 2,314,800 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 1.885.050 2,525,000 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8,223,293 **27** 9,200,050 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

32

33

34

9,200,050

11,725,050

8,223,293 **33**

34

10,108,343

Page	12
raye	

0	0 (2017)				J
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53	5,725
2	Total expenses (must equal Part IX, column (A), line 25)	2		78	5,737
3	Revenue less expenses. Subtract line 2 from line 1	3		-14	9,112
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,22	3,293
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		,	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9,20	0,050
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account			ļ	<u></u> .
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?		· 3a	_	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rgo th	1e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.			<u> </u>
			Fo	rm 99 0	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Inspection Employer identification number

VIT F	T PLEASANT NOW DEVELOPMENT CORPORATION 34-1599720							
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he d 1 2 3 4	organization is not a private foundation. A church, convention of church A school described in section. A hospital or a cooperative how A medical research organization hospital's name, city, and state	hes, or associati i 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descri (Attach Schedule E (Fi ganization described ii	bed in se orm 990 n sectior	ection 17 or 990-E2 170(b)(1	0(b)(1)(A)(i). Z).))(A)(iii).	iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in	
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				n the general public	
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agr	iculture (see instruction	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 investmen acquired by the organization a	to its exempt fu t income and uni after June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exc ole incom i)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 33¹/₃% of its	
11	_							
12	of one or more publicly support Check the box in lines 12a thro	orted organizatio ough 12d that des	ns described in secti scribes the type of sup	on 509(a porting o)(1) or se organization	ection 509(a)(2). See on and complete line	e section 509(a)(3) . s 12e, 12f, and 12g.	
а		n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same				
C	Type III functionally integ its supported organization.						ally integrated with,	
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nızation generally mu:	st satisfy	a distribu	ition requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported	-						
g	Provide the following information	n about the supp	orted organization(s).	,				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)							_	
B)								
C)		_						
D)								
E)								
	<u> </u>	1	E .	i		i l		

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, 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.)

Secti	on A. Public Support						
Calen	dar 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.")	490,005	203,936	303,995	181,003	150,250	1,329,189
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	490,005	203,936	303,995	181,003	150,250	1,329,189
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		सङ्ग्राभ सम्बन्ध	2 E 7 M M	, , ,	ran effet r	1,329,189
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201,7	(f) Total
7	Amounts from line 4	490,005	203,936	303,995	181,003	150,250	1,329,189
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	188,157	198,013	176,529	489,316	534,000	1,586,015
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		!				
11	Total support, Add lines 7 through 10	•	,	1		,	2,915,204
12	Gross receipts from related activities, etc.	•	•			12	145,850
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<u></u>	· · · · ·	· · > 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6					14	45 59 %
15	Public support percentage from 2016 Sch					15	62 45 %
16a	33¹/₃% support test—2017. If the organi						
	box and stop here. The organization qual	•		-			
b	331/3% support test—2016. If the organization this box and stop here. The organization	qualifies as a p	publicly suppo	rted organızati	on		▶ 🗆
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the fact	e "facts-and-c ts-and-circums 	circumstances' stances" test.	' test, check ' The organizati	this box and son qualifies as	stop here. a publicly b □
18	Private foundation. If the organization dinstructions						

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

open to Puland the latest information. Inspection

	LEASANT NOW DEVELOPMENT CORPORATION	,	34-1599720
	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu	.
rai	Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(0,000000000000000000000000000000000000	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets	held in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	· · · · · · · · · · · · · · ·	
•	only for charitable purposes and not for the bene		
	, ,		-
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ation or education) Preservation	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2 b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	t on a
	<u> </u>		
3	Number of conservation easements modified, trans	isferred, released, extinguished, or te	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
_		l III (clab and and and and and	
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	g conservation easements during the year
•	▶ \$ Does each conservation easement reported on line	2(d) above esticts the requirements	of coction 170/b\/4\/P\/\\
8	and section 170(h)(4)(B)(ii)?		
•	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		manolal statements that describes the
Par			or Other Similar Assets.
· Cil	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under 5	SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other simila		
	public service, provide the following amounts relative		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art	t, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Part								
	Using the organization's acquisition, accollection items (check all that apply):	ession, and oth	er recor	ds, chec	k any of th	e follow	ring that are a s	significant use of its
а	☐ Public exhibition		ď	☐ Loan	or exchang	e progr	ams	
b	☐ Scholarly research		e	Other				
С	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	's collections ar	nd expla	un how tl	ney further	the org	anizatıon's exer	mpt purpose in Part
5	During the year, did the organization sol assets to be sold to raise funds rather that							
Part								
_	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	9, or	reported an ar	nount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part 3	XIII and complet	e the fo	llowing ta	able:			
	,						A	mount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount o					ustodial	account liability	/? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the ex	planation	n has been	provide	d on Part XIII .	🗆
Par		,						
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	e 10.		•
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and					i		
	programs							
f	Administrative expenses		•					
g	End of year balance							
2	Provide the estimated percentage of the	current year end	balanc	e (line 1g	, column (a)) held a	ns -	
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%.					
3a	Are there endowment funds not in the po	ossession of the	organi	zation tha	at are held	and adı	ministered for th	ne
	organization by.							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organ							3b
4	Describe in Part XIII the intended uses of	the organization	n's endo	wment fu	ınds.			
Part								
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other			r other basis ther)		Accumulated preciation	(d) Book value
1a	Land				402,338			402,338
b	Buildings				7,991,911		2,922,765	5,069,146
С	Leasehold improvements				119,350		114,684	4,666
d	Equipment				27,693		27,693	0
е	Other				63,720		63,720	0
Total.	Add lines 1a through 1e, (Column (d) musi	t equal Form 99	0. Part)	C. column)c)		5,476,150

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description is accustory or category (b) Book value (c) Method of valuation (Cost or end-of-year market value (c) Cost or	Part VII	Investments - Other Securities				<u></u>	
Cost or end-of-year market value		Complete if the organization ansi	wered "Yes" on For	rm 990	, Part IV, lin	e 11b. See Fori	m 990, Part X, line 12.
	•			(b) (Book value		
(3) Other (A) (B)							
(8) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(2) Closely-h	neld equity interests					
(8) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3) Other				· -		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a or 11f. See Form 990, Part X, line 11a or 11f. See Form 990, Part X, line 11a or 11f. See Form 990, Part X, line 11a or 11f. See Form 990, Part X, line 11a or 11f. See F	(A)			ļ			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13.							
(G) (G)							n-1
(i) (ii) (iii) (iii) (iiii) (iiiiiiiiii				ļ			
(G) (H) Total. (Column (b) must equal Form 990, Part X, cot (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 (l) (b) (c) (d) (e) (e) (f) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				1			· · ·
(i)				1			
Total. Column (b) must equal Form 990, Part X, col (B) line 12)							
Investments		·····		ļ			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				·		<u> </u>	
(a) Description of investment (b) Book value (c) Method of valuation Coat or end-of-year market value (f) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part VIII			000	Down IV Iva	. 11. Ca. Far	m 000 Dark V line 12
Cost or end-of-year market value			wered "Yes" on Foi				
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9)		(a) Description of investment		(b)	Book value		
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX (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 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 (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) (a) (b) Book value (b) Book value (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(1)						
(4) (5) (6) (7) (8) (9) Total.(Column (b) must equal Form 990, Part X, col (β) line 13.) ▶ Part X 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 (β) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶					•••		
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (β) 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) 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. 1. (a) Description of Inability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶				<u> </u>			
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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 Stateme	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
•1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	, , , , , , , , ,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	_ , , ,	
b	Prior year adjustments	2b		
С		2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin. XIII Supplemental Information.	e 18.)	5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	b; Part V, line 4, Part X,	, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	b; Part V, line 4, Part X,	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	b; Part V, line 4, Part X,	, line
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chedule D (Form 990) 2017 Page 5						
Part XIII	Supplemental Information (continued)					
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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.

20**17**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

34-1599720 MT PLEASANT NOW DEVELOPMENT CORPORATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORDER TO REVITALIZE & STABILIZE THE COMMUNITY & MAKE MT PLEASANT A DESIRABLE, SAFE NEIGHBORHOOD IN WHICH TO LIVE, WORK, SHOP & RAISE A FAMILY FORM 990, PART VI, SECTION B, LINE 11B. THE FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER FOR REVIEW PRIOR TO FILING FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE INTEREST THAT COULD GIVE RAISE TO CONFLICTS ON AN ANNUAL BASIS FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD MEMBERS. OTHER COMPENSATION IS DETERMINED BY ANNUAL REVIEWS OF THE INDIVIUALS FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.