2949319505819 OMB No 1545-0047

Return of Organization Exempt From Income Tax

2016

Department of the Treasury

Form **990** 

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.

Open to Public

_	nal Revenue			ut Form 990 and its instruc						ection
<u>A</u>	For the 2		ndar year, or tax year beginnin		, 2016, a	nd ending	June		, 20 17	
В	Check if a	applicable:	C Name of organization Aging Re	sources of Central Iowa				D Employ	er identıfıcatıoı	n number
	Address c	change	Doing business as						42-1183810	)
	Name cha	ange	Number and street (or P.O. box if	mail is not delivered to street ad	dress)	Room/suite	1	E Telephor	ne number	
	Initial retui	m	5835 Grand Avenue, Suite 106	·					515-255-131	0
	Final return	v/terminated	City or town, state or province, co	untry, and ZIP or foreign postal	code					
	Amended	retum	Des Moines, IA 50312-1444					Gross re	eceipts \$	5,690,358
	Applicatio	n pending	F Name and address of principal off	cer		A	H(a) Is this a grou	up return for s	subordinates? 🔲 ነ	res 🗹 No
			Joel L Olah, Executive Directo	r, address above		7-9	H(b) Are all su	bordinates	s ıncluded? 🔲 Y	res 🗌 No
<u></u>	Tax-exem	pt status	✓ 501(c)(3)	) ( ) ◀ (insert no ) ☐ 494	47(a)(1) or₁ ไ	□ 527 <sup>*</sup>	If "No	," attach a	list (see instru	ctions)
<u>J</u>	Website:	► wwv	w agingresources.com				H(c) Group e	xemption	number 🕨	
K	Form of or	ganization [	Corporation Trust Assoc	ciation ☐ Other ►	L Yea	r of formation	1982	M State	of legal domicil	e IA
P	art I	Summ	ary		1					
	1 E	Briefly de	escribe the organization's mis	ssion or most significant a	activities:	Aging Re	sources is	part of a	national net	work
S		of Area A	gencies on Aging established	through the Older America	ans Act an	d supporte	d by federa	l, state a	nd local fund	is. With
Activities & Governance	1	these fun	ds, Aging Resources supports	local providers of aging s	ervices in	an eight co	ounty region	n in cent	ral lowa	
/err	2	Check thi	is box ▶ 🗌 ıf the organization	n discontinued its operati	ons or dis	sposed of	nore than	25% of	its net asset	s.
ő	3 1	Number o	of voting members of the gov	erning body (Part VI, line	1a)			3		14
∞ಶ	4 1	Number o	of independent voting memb	ers of the governing body	y (Part VI,	line 1b) .		4		14
ries	5 7	Total num	nber of individuals employed	in calendar year 2016 (P.	art V, line	2a)		5		37
ξ	6 7	Total num	nber of volunteers (estimate i	f necessary)				6		20
Ac	1		elated business revenue from	= -	e 12 .			7a		0
			ated business taxable incom					7b		0
				The state of the s	18		Prior Yea	r '	Current	t Year
Revenue	8 (	Contribut	tions and grants (Part VIII, lip)	1h) 2018 .	101 .		4	1378002	-	4345270
	9 F	Program	service revenue (Part VIII,	B 2g MAY Z Z Z Z Z Z	. vi	🗀	1	381015		1342596
			nt income (Part VIII, column		<u> ၂</u> 띄 .	🗀		882		1401
Œ					d 11e) .	` —		927		1091
	12 T	Total reve	renue (Part VIII, column (A) lii enue—add lines 8 through 1	must equal Part VIII. colu	mn (A), lin	ie 12)	5	760826		5690358
			nd sımilar amounts paid (Part				2	655296	•	2869499
	1		paid to or for members (Part							
ø	1	•	other compensation, employee	• • • •	(A), lines 5	5–10)	2	206380	<del></del>	2001815
Expenses	1		nal fundraising fees (Part IX,	•						
per	1		draising expenses (Part IX, co							
Ж	1		penses (Part IX, column (A), li	*****			ALTERNATION OF THE PARTY OF THE PARTY.	854042	Character Control of the Control of	832078
	Į.	-	enses. Add lines 13-17 (mus			\ ├─		715718		5703392
			less expenses. Subtract line			′ ∶	<u>`</u>	45108		(13034)
≥ %			onponent addition		<u> </u>	Beg	inning of Curr		End of	<del></del>
Assets or d Balances	20 T	Fotal asse	ets (Part X, line 16)			<del>                                     </del>	1	447711		1163573
Ass	21 T		ilities (Part X, line 26)					718267		447163
훒			ts or fund balances. Subtract	line 21 from line 20		` '		729444		716410
	art II		ure Block		·					
			ry, I declare that I have examined this	return, including accompanying	n schedules	and statemen	ats and to the	best of m	v knowledge a	and helief it is
			ete Declaration of preparer (other tha						.,	
		1	WAL CLASS	· · · · · · · · · · · · · · · · · · ·			-	5/0/H		
Sic		Signa	ature of officer			····	Date		<u> </u>	<del></del>
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		Type	or print name and title	CATHE BINGAR			··· -	•		
_	ا د.	<del>'</del>	pe preparer's name	Preparer's signature	· ·	Date	- 1	01- · -	PTIN	
ra	ies	1	•					Check L self-emp		
Pre	eparer		ame b	<u>. L</u>		I	Eigen's	EIN ►	***1	
US	e Qnly		ddress ▶							
Ma	v the IPS		this return with the preparer	shown above? (see instr	ructions)		Phone		🗇 v	res No
	n de		A A A A A A A A A A A A A A A A A A A	55777 G55767 (656 171617				<del></del>		~ QQU (2016)

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orm 99	0 (2016) Page	<u>, 2</u>
art	Statement of Program Service Accomplishments	_
		V.
1	Briefly describe the organization's mission:	
	The mission of Aging Resources of Central Iowa is to lead, advocate, and serve; as well as plan and coordinate resources in the	
	provision of services to older persons in Central Iowa, their families, caregivers, or representatives, enabling elders to lead	
	independent, meaningful and dignified lives in the least restrictive environment	
		_
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	
	services?	)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1678341 including grants of \$ 1434372 ) (Revenue \$ )	_
	Nutrition Program  The provision of meals to eligible clients at nutrition sites, senior centers, other congregate settings; or the client's place of residence Meals must comply with the Dietary Guidelines for Americans and serve a minimum of one-third of the Daily Recommended Dietary Allowances (RDA), as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences	
	, and the state of	
	Congregate Meals 266,363 meals to 6,003 persons	
	Home Delivered Meals 262,598 meals to 3,120 persons	
	Holiday Meals on Wheels 599 meals to 599 persons	
	Nutrition Counseling 27 sessions for 24 people	
	Nutrition Education 18,320 sessions for 3,179 persons	
	Fresh Conversations 1718 units of service for 433 clients	
4b	(Code: ) (Expenses \$ 1225029 including grants of \$ ) (Revenue \$ 1342596)	_
	Case Management Program	
	The provision of assistance to facilitate access, or the coordination of services to people with multiple or complex needs from	
	several different providers.	
	6399 hours of service for 950 people	
	25595 units of service	
		_
4c	(Code:) (Expenses \$ 561771 including grants of \$ 59360 ) (Revenue \$)	
	LifeLong Links Program	
	The purpose of the program is to expand and enhance the information and referral resources for Older lowans, individuals with	
	disabilities, veterans and their caregivers as they think about and plan for long-term independent living	
	Information and Assistance 4,752 contacts with 3,366 clients	
	Options Counseling 575 hours of service with 302 clients	
	Outreach 3,529 consumer contacts with 3,215 clients	
	Information Services 50 activities for 8,809 persons	
4d	Other program services (Describe in Schedule O.)	_
→u	(Expenses \$ 1924248 including grants of \$ 1375767 ) (Revenue \$ )	
4e	Total program service expenses 5389389	
. •		

ait	M Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<i>y</i>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		v
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		v
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		,
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		1
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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<i>y</i>
12 a	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		>
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
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		V
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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
		Form	. ຊຊກ	(2016

Part	Checklist of Required Schedules (continued)			
	Date to the second of the seco		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	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	<b>'</b>	
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		·
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u> </u>
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? If "Yes," complete Schedule L, Part I	25b		<b>,</b>
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		<b>,</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>v</u>
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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		·
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		v v
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>V</b>	
		Form	n <b>990</b>	(2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
_		_ CUESTOS	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1339758		
b	Enter the number of Forms W-2d included in the ra. Enter -0- it not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		all de
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a 3	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			T.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	TAKE TO	<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country:		2.6	344
	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?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	- CALIFORNIA	ASSESSED FOR
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a 7b		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		~
٦	If "Yes," indicate the number of Forms 8282 filed during the year			
ď	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	-	v
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		2000
9	Sponsoring organizations maintaining donor advised funds.		<b>33</b>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		23	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders		7	1920
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	7.5	£, - :	£.15.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Corn China	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	1.5°, 1.	11
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7/4	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		2000 C
	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			1
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	:74°	<b>V</b>
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<del></del>
_	" . col a citi co to tobott made ballinoino			

response to Ime Ba, 80, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  Section A. Governing Body and Management  1a. Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b. Enter the number of voting members included in line 1a, above, who are independent  1b. 1a. 1a. 1a. 1a. 1a. 1a. 1a. 1a. 1a. 1a	Part	· · · · · · · · · · · · · · · · · · ·		for a	
Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year.  If there are materal differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent  1b Did any officer, director, frustee, or key employees are visible of the committee or similar any other officer, director, frustee, or key employees are visible of the committee of the direct supervision of officers, directors, or frustees, or key employees to a management company or other person?  1b Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  1b Are any governance decisions of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  1c Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  1c Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  1c Both committee with authority to act on behalf of the governing body?  1c Beach committee with authority to act on behalf of the governing body?  1c Beach committee with authority to act on behalf of the governing body?  1d Beach committee with authority to act on behalf of the governing body?  1d Beach committee with authority to act on behalf of the governing body?  1d Beach committee with authority to act on behalf of the governing body?  1d Beach committee with authority to act on behalf of the governing body?  2d Beach committee with authority to act on behalf of the governing body?  2d Beach committee with authority to act on behalf of the governing bod					
as Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  4 Did the organization delegate control over management diversion of the organization of effects, directors, or frustees, or key employees to a management company or other person?  4 Did the organization have members or stockholders?  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approve by) members, stockholders, or persons other than the governing body?  6 I Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? if "re", provide the manes and addresses in Schedule O.  9 I The governing body?  10a Did the organization have written policies and procedures governing the extriction some time the formation and procedures governing the extraction and extraction have a written policies and procedures governing the extraction and extraction have a written policies and procedure sequences and addresses in Schedule O.  10 Did the	Sect		<u> </u>	<u>-</u> :	. <u>v</u>
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the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			gp		ļ
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  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  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12b Did the organization have a written whistleblower policy?  13 Did the organization have a written document retention and destruction policy?  14 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?  15a V  15b Other officers or key employees of the organization  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b 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?  5cection C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  Section 6104 requires an organization to make its F		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>"</b>
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b Other officers or key employees of the organization					1
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	D		15b		
with a taxable entity during the year?	16a				
b 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?			16a		
organization's exempt status with respect to such arrangements?	b		302		
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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 records:					
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and the state of the temperature of the persons and become and today.	20	·			
	20		ords:	<b>&gt;</b>	

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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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
	(C)									
(A)	(B)	/do n			ition	than c		(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any	_	er and		irect	or/trust		compensation from	compensation from related	amount of other
	hours for	악교	Inst	Officer	<u>@</u>	噩	Former	the	organizations	compensation
	related organizations	ar vid	핥	er	Key employee	bloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학교	ona		흥	မီဋ		(44-2/1099-101130)		and related
	line)	Individual trustee or director	Institutional trustee		6	De la				organizations
	]	8	stee			Highest compensated employee				
					<u> </u>	8.				
(1) Bill Zinnel	2							ŀ		
201 State Street, Boone, IA 50036	† <del></del>	<b>,</b>						0	o	0
(2) Denny Carpenter	2		$\vdash$		-		-			
P O Box 944, Newton, IA 50208-0944	† <del>-</del>	<b>"</b>		ŀ				) о	o	0
(3) Max Worthington	2		-	-			-			
5005 E 36th Street S, Newton, IA 50208		1	'	ŀ				lo	О	0
(4) Phil Clinton	2		$\vdash$							
P O Box 152, Winterset, IA 50273-0152		·						0	o	0
(5) Ardis Myers	2									
502 E Green, Winterset, IA 50273		1						0	0	0
(6) Craig Agan	2									
214 E Main Street, Knoxville, IA 50138		~			<u>L.</u>			0	0	0
(7) Steve Van Oort	2									
111 Court Ave, Suite 300, Des Moines, IA 50309		~			<u></u>			0	0	0
(8) Quincy Southers	2					ļ				_
2824 E 16th Street, #D335, Des Moines, IA 50316		~	_	<u> </u>				0	0	0
(9) Marty Chitty	2									
900 Sixth Street, Nevada, IA 50201-2087	ļ <u>.</u>	~			_	ļ		0	0	0
(10)Robert Mahaffey	2									•
2220 E 32nd Street, Des Moines, IA 50317		~	<u> </u>	_	_		-	0	0	0
(11)Crystal McIntyre - Chair	2	,		,			1	١ ,		0
301 N Buxton St, Suite 202, Indianola, IA 50125		-	<u> </u>	-		<u> </u>		0	0	<u>_</u>
(12)Kim Chapman - Vice Chair	2	,	ļ	,				0	0	0
121 N 9th Street, Adel, IA 50003	2	<u> </u>	-	<u> </u>	_	<del>  -</del> -		<del> </del>		
(13) Colleen Farley - Secretary	<del> </del>	-		,				0	o	0
232 SW Ringold Street, Boone, IA 50036	2	<del>-</del>	-	Ť	├-		-		<u>_</u>	
(14)Carl Stoffer - Treasurer 2454 HWY G71, Bussey, IA 50044	<del> </del>	·						0	o	0
2434 FIVE OF I, DUSSEY, IN 30044		<u> </u>	Щ.	Ь	Ь.	<u> </u>	Ц.,	<u> </u>	L	000

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					•	C) ation						
	(A)	(B)			neck	more	e than o		(D)	(E)		(F)
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	om	Estimated amount of
		week (list any				T	,	<u> </u>	from	related		other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS	c)	compensation from the
		organizations	ctal	ĝ	]	夏	st cc	4	(W-2/1099-MISC)		1	organization
		below dotted line)	ੋ ਫ਼ੂ	al tr		oyee	ğ,	1				and related organizations
			8	uste		"	ensa	İ				_
		ŀ		Ō	ŀ		, ite					
(15)Jo	el L Olah - Executive Director	40										
					~				107958		0	10269
(16)Le	ster Bascom, Fiscal Director	40									- [	
					"				82005		0	19495
(17)												
	<u> </u>								· · · · · · · · · · · · · · · · · · ·		_	
(18)		ļ										
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(19)		ļ				(					-	
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(20)					ŀ							
(21)		-			<b> </b> -						+	
32.17		<del> </del>						ľ				
(22)							ļ					<del> </del>
32.2/	······································						,					
(23)					-	-		-			+	
35.52												
(24)											1	
3										:		
(25)			_						· -			
											ĺ	
1b	Sub-total							<b></b>	189963		0	29764
С	Total from continuation sheets to Part	VII, Sectio	n A					▶				
d	Total (add lines 1b and 1c)		· ·			<u></u>	<u> </u>	<u> </u>	189963		0	29764
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$100	,000 c	of
	reportable compensation from the organi	zation 🕨							1			
_			_						. '			Yes No
3	Did the organization list any former of									est compens	ated	
_	employee on line 1a? If "Yes," complete s											3 /
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	greater the	an ⊅≀	50,	UUU	Y II	r res	s, "	complete Sch	eaule J for s	ucn	
-	•			•				• •			طريما	4 /
5	Did any person listed on line 1a receive of for services rendered to the organization											
Conti		11 163, 0	ompi	510		-	110 0 1	01 3	ucii persori	· · · · ·	<u>.                                    </u>	5 /
	on B. Independent Contractors  Complete this table for your five highest of		od inc	lone	and.	ont.		2010	era that raccive	d mara than 9	100 (	000 of
1	compensation from the organization. Rep											
	year.	or compo	isatio		<i>.</i>		uiciiq	ui y	car criding wit	ii or waami ale	orgu	inization 5 tax
	<u></u> .								(B)	· <del>-</del> · · · · · · · · · · · · · · · · · · ·		(C)
(A) Name and business address								Description of s	ervices	C	ompensation	
None		<del> </del>								<del></del>		
110110												
										<del> </del>		
2	Total number of independent contracto	rs (ıncludır	ng bu	t no	ot I	ımıt	ed to	th	ose listed abo	ve) who	2014	
	received more than \$100,000 of compens								0			
										المادا		

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Par	VIII	Statement of Reve		•				
		Check if Schedule C	ocontains a res	ponse or note t			<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	<u> </u>					
Gra Dou	Ь		<u>1b</u>	<del></del>				
Ţş,	C	Fundraising events .						
ig či	d	Related organizations		4220004				
Sir	e e	Government grants (con		4339094				
iğ je	f	All other contributions, g and similar amounts not inc		4174				
를	_	g Noncash contributions included in lines 1a-1f: \$		6176				
ğ	l h				4345270			
	<u>''</u> -	Total. Add lines 1a-1	<u>' : </u>	Business Code	ASPECT TRANSPORTE			
ē	2a Medicaid			624100	1342596	1342596		
æ	ь							
8	C			<del></del> -		<del></del>		
ē	d			· · · · · · · · · · · · · · · · · · ·				****
E	е							
Program Service Revenue	f	All other program ser						
4	g	Total. Add lines 2a-2			1342596	<b>引起到</b> 外洋海	HALL HE	
	3	Investment income		ends, interest,				
		and other similar amo	•		1401			1401
	4	Income from investmen	t of tax-exempt be	ond proceeds ►				
	5	Royalties		<u> ▶</u>	Total Selection of Company of the Co	Of an Indian in the street of the	and the second property and the second state of the second	and the second s
	_	_	(ı) Real	(II) Personal			THE PARTY	
	6a	Gross rents		ļ				
	b	Less: rental expenses						
	C	Rental income or (loss)	(1000)	L				
	d 7a	Net rental income or ( Gross amount from sales of	(IOSS) (I) Secunties	(ii) Other		NSEMBERALIS BECATESOF		
	74	assets other than inventory	(i) Gecumes	(11) (11) (11)				
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)	<del></del>					
	ď	Net gain or (loss) .		•		and the state of t	person from an appropriate out to the residue	1979/4/10 Per 1886/2/2017 Professor 12 (8)
	_			<u> </u>				
ĕ	8a	Gross income from fu	undraising					
evenue		events (not including \$						
		of contributions reporte	ed on line 1c).					
ē		See Part IV, line 18 .	a					
Other R	b	Less: direct expenses	s <b>b</b>			2000年初期		
•	С	Net income or (loss) f		events . <b>&gt;</b>				
	9a	Gross income from ga				A Property Co.		
		See Part IV, line 19 .						
	b	Less: direct expenses					<b>成。多為此時</b>	
	C	Net income or (loss) f		vities ▶		MOTERAL VARIOUS V. STATES AND AND ADDRESS.		
	10a	Gross sales of in returns and allowance						"一大大"
			-					
	b	Less: cost of goods s Net income or (loss) f					Profesional Company	
	C	Miscellaneous R		Business Code		<b>建</b>		
	11a	iviiscellaneous N	io rende	Dusiless Code			and the same of	
	11a b				<del></del>			
	C			<del></del>	<u> </u>	-		
	d	All other revenue .		<del></del>	1091		<del></del>	<del></del>
	e	Total. Add lines 11a-					STEEL WARRY	
	12	Total revenue. See in			5690358			1401

# Part IX Statement of Functional Expenses

360110	on 50 I(c)(3) and 50 I(c)(4) organizations must con				
<u> </u>	Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·	
8b, 9t	t include amounts reported on lines 6b, 7b, o, 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	2435007	2435007		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	434492	434492		
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	257369	141643	115726	
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	1328390	1257386	71004	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	119299 197617	113477 187973	5822 9644	
10	Payroli taxes	99140	94302	4838	
11	Fees for services (non-employees):	77140	74302	4030	
а	Management				
b	Legal	3249	3150	99	- · · · · · · · · · · · · · · · · · · ·
C	Accounting	10800	10800		
ď	Lobbying			h	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		*****		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	252517	222400	10017	
12	Advertising and promotion	353517	333600	19917	
13	Office expenses	79275	74165	5110	
14	Information technology	58964	5273	53691	
15	Royalties				
16	Occupancy	215829	196379	19450	=
17	Travel	33487	33429	58	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings	3794	3485	309	···
20	Interest				
21 22	Payments to affiliates	49995	47242	2753	
23	Insurance	18414	17400	1014	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
C					
ď					
e	All other expenses	4754	186	4568	
25	Total functional expenses. Add lines 1 through 24e	5703392	5389389	314003	
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				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash—non-interest-bearing . . . . . . . . . . . . Savings and temporary cash investments . . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Я Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 110706 10c Less: accumulated depreciation . . . . Investments—publicly traded securities . . . . . Investments—other securities. See Part IV, line 11 . Investments - program-related. See Part IV, line 11 . . . Other assets. See Part IV, line 11 . . . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses . . . . . . . . . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors. -iabilities trustees, key employees, highest compensated employees, and Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. **27** Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . . Form **990** (2016)

Form 9	90 (2016)			Pag	ge <b>12</b>
Par	t 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			0358
2	Total expenses (must equal Part IX, column (A), line 25)	2		570	3392
3	Revenue less expenses. Subtract line 2 from line 1	3		(13	3034)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [	4		72	9444
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		71	6410
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," exp Schedule O.	lain in	¥		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp		20	22300	
	reviewed on a separate basis, consolidated basis, or both:				V.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		76 W. S.
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited	iona	3200		5468
	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 over	ersiaht	1000000		21. 34.
•	of the audit, review, or compilation of its financial statements and selection of an independent accour	_	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, exp	laın in			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth ın		PV NBA	n ini
	the Single Audit Act and OMB Circular A-133?		3a	v	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	v	
			Form	990 (	(2016)

#### 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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization Employer identification number Aging Resources of Central Iowa 42-1183810 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 ☐ An organization that normally receives: (1) more than 33¹⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 fisted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

				_			5
Part							
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	<u> </u>
	ion A. Public Support						
	ndar 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						
	membership fees received. (Do not						
_	include any "unusual grants.")	5501422	5515804	3959064	4619422	4378002	23973714
2	Tax revenues levied for the	j					
	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	i				-	
4	-	5504400	5545004	2050074	4/40400	4970000	00070744
4	Total. Add lines 1 through 3	5501422	5515804	3959064	4619422	4378002	23973714
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly			<b>沙特的美国</b>			
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount	2.5					
	shown on line 11, column (f)						n
6	Public support. Subtract line 5 from line 4			A 100 100 100 100 100 100 100 100 100 10			23973714
Secti	on B. Total Support	OCCUPATION IN CONTRACTOR SOCIAL	the second second second second second				207.01.1
	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	5501422	5515804	3959064	4619422	4378002	23973714
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	634	560	647	787	882	3510
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or					i	
	loss from the sale of capital assets						
	(Explain in Part VI.)	A NOW AND A STATE OF THE STATE					
11	Total support. Add lines 7 through 10						23977224
12	Gross receipts from related activities, etc.				1	12	0
13	First five years. If the Form 990 is for the				or titth tax ye	ear as a section	1 501(c)(3)
C4:	organization, check this box and stop her			· · · · · ·	· · · · ·		· · •
	on C. Computation of Public Suppor	<u>~</u>		41 (0)		44	22.22.24
14	Public support percentage for 2016 (line 6	• •				14	99.98 %
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi					15	
104	box and <b>stop here.</b> The organization qual			•		•	
b	331/3% support test—2015. If the organization	-		_			
-	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20						_
114	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
b	10%-facts-and-circumstances test—20						_
-	15 is 10% or more, and if the organiza	_			•		•
	Explain in Part VI how the organization m						
	supported organization						▶ 🗆
18	Private foundation. If the organization did	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee
	instructions						▶ □

Part							
	(Complete only if you checked the						nder Part II.
0 4	If the organization fails to qualify	under the te	sts listed bei	ow, please co	omplete Part		
	on A. Public Support	1 1 20010	410040	1 1 20011	( 1) 0045	(-) 0010	1075
Calen	idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<u> </u>		<del> </del>			<i></i>
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the organization's tax-exempt purpose	İ					
3	Gross receipts from activities that are not an	<del></del>		<del></del>		-	<u> </u>
Ū	unrelated trade or business under section 513			ł			
4	Tax revenues levied for the					<u> </u>	<del> </del>
7	organization's benefit and either paid						
	to or expended on its behalf	į		]			
5	The value of services or facilities			<del> </del>	/		<del> </del>
Ŭ	furnished by a governmental unit to the						
	organization without charge			/			
6	Total. Add lines 1 through 5						1
7a	Amounts included on lines 1, 2, and 3						1
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				]		
	persons that exceed the greater of \$5,000			ĺ			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					<b>-</b>	
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents, royalties and income from similar sources.						
	•						ļ
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_		/			<u></u>		<del> </del>
	Add lines 10a and 10b			<del> </del>			<del> </del>
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						<del>                                     </del>
12	loss from the sale of capital assets						
	(Explain in Part VI.)						1
13	Total support. (Add lines, 9, 10c, 11,	,	·····				<del>                                     </del>
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	ı's fırst, secon	d. third. fourth	or fifth tax ve	ar as a section	on 501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor				····		
15	Public support percentage for 2016 (line 8			3, column (f))		15	%
16	Public support percentage from 2015 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (	line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organi						
	17 is not more than 331/3%, check this box		=	-		=	
b	331/3% support tests - 2015. If the organiz						
	line 18/is not more than 331/2%, check this t	-	-	•			_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

#### 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.)

Section A. All Supporting Organiza	ations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- **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 **Part VI.**
- c 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 Part VI.
- 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.
  - 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.)

		Yes	No
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Dont	W. Comparation Outputing (applications of			-3
Part	Supporting Organizations (continued)		Vac	Ma
11	Has the organization accepted a gift or contribution from any of the following persons?	多語	Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
ű	below, the governing body of a supported organization?	11a	A.J.	1755
b	A family member of a person described in (a) above?	11b	-	-
C	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			4.6
	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.		11/2	
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>*****</b>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	HI-MANAGE	22167
Secti	ion C. Type II Supporting Organizations			
			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).			<b>张龙</b> 战
Secti	on D. All Type III Supporting Organizations			
	on 21741 Type in capporting organizations		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			
. T.A	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		素器	
•		2		78.7 <i>7</i> 7 1
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	120.00	A. W.
Secti	on E. Type III Functionally Integrated Supporting Organizations	1.01		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	tions	
· a	The organization satisfied the Activities Test. Complete line 2 below.	1113114	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>y</b> .
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	lsee inc	tructi	onel
2	Activities Test. Answer (a) and (b) below.	F125.	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,			3
	how the organization was responsive to those supported organizations, and how the organization determined		13. 0	
	that these activities constituted substantially all of its activities.	2a	MOKEN	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		210.	4. T.
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1.	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	100	Part of
3	Parent of Supported Organizations. Answer (a) and (b) below.			143
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			STREET,
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov. 20, 1970 (expla	in in Part VI). See
Section A - Adjusted Net Income	11201	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(Op no.na.)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	<del></del>	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	"	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	KORSINISTER SYNTENSIS	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).			organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)			
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.		. <u> </u>			
	Total annual distributions. Add lines 1 through 6.	<del></del>	<del> ,</del>			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive			
	(provide details in Part VI). See instructions.		···			
9	Distributable amount for 2016 from Section C, line 6	<del></del>				
10_	Line 8 amount divided by Line 9 amount	<del></del>	/::\	/:::N		
S.	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). Şee instructions.					
3	Excess distributions carryover, if any, to 2016:		Santa de Cara			
а				MARKET STATES		
b						
c	From 2013					
d	From 2014					
е	e From 2015					
<u>f</u>	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2016 distributable amount					
<u> </u>	Carryover from 2011 not applied (see instructions)					
<del></del> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D, line 7: \$					
			CRAMENT STREET			
<u>a</u> b	Applied to underdistributions of prior years  Applied to 2016 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if					
3	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6				timber et et en en en en en en en en en en en en en		
•	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:					
а						
b	Excess from 2013					
C	Excess from 2014					
d	Excess from 2015					
е	Excess from 2016		A CONTRACTOR OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH			

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Schedule A (F	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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	· · · · ·
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	<u>'</u>

#### **SCHEDULE D** (Form 990)

OMB No. 1545-0047 2016

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of	f the or	ganization		Employer identification number
Aging	Resou	rces of Central Iowa		42-1183810
Part	t E	Organizations Maintaining Donor Adv		
		Complete if the organization answered		
			(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year		
2	Aggr	egate value of contributions to (during year)		
3	Aggr	egate value of grants from (during year) .		
4		egate value at end of year		
5		he organization inform all donors and donor		
	funds	s are the organization's property, subject to th	e organization's exclusive legal contro	ol? 🗌 Yes 🗍 No
6	only	ne organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Part	Ш	Conservation Easements.		
		Complete if the organization answered		
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply).	
	□ P	reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation of	f a historically important land area
	□ P	rotection of natural habitat	Preservation of	f a certified historic structure
		reservation of open space		
2		olete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	ease	ment on the last day of the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Tota!	acreage restricted by conservation easement	s	2b
		per of conservation easements on a certified b		
d	Numl	per of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	histo	ic structure listed in the National Register .		· ·   2d
3	Numl	per of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax y	ear 🟲		
4	Numl	per of states where property subject to conse	rvation easement is located ▶	
5		the organization have a written policy reg		
	violat	ions, and enforcement of the conservation ea	sements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff a	and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
	▶			
7	Amou	int of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
	▶\$			
8	Does	each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(ı)
	and s	ection 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🗌 No
9	In Pa	rt XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balan	ce sheet, and include, if applicable, the text of	f the footnote to the organization's fin-	ancial statements that describes the
	organ	ization's accounting for conservation easeme		
Part	Ш	<b>Organizations Maintaining Collection</b>	s of Art, Historical Treasures, or	Other Similar Assets.
		Complete if the organization answered '		
1a	If the	organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
		s of art, historical treasures, or other similar		
	public	service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that	describes these items.
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works	s of art, historical treasures, or other similar c service, provide the following amounts relati	assets held for public exhibition, ed ng to these items:	ucation, or research in furtherance of
	(i) Re	evenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) As	sets included in Form 990, Part X		<b>&gt;</b> \$
2	If the	organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
		ring amounts required to be reported under S		
		nue included on Form 990, Part VIII, line 1		
b	Asset	s included in Form 990, Part X		<b>&gt;</b> \$

	• `						
	le D (Form 990) 2016						Page 2
	Organizations Maintaining						
3	Using the organization's acquisition,		ther reco	rds, check any o	f the fo	ollowing that are a s	significant use of its
	collection items (check all that apply):  Public exhibition						V.
a				<ul><li>☐ Loan or exch</li><li>☐ Other</li></ul>		-	•
b	Scholarly research	_	е	U Other		•••••	
С 4	Preservation for future generations Provide a description of the organiza		and eval:	ain how they furt	ner the	organization's exer	not nurnose in Part
7	XIII.	tion a concetions	and expir	ani now they fare	ici tiic	Organization o oxor	inpr parpood in valid
5	During the year, did the organization	solicit or receive	donation	s of art. historica	al treas	ures, or other simila	ar
	assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra						
	Complete if the organization	answered "Yes	s" on For	m 990, Part IV,	line 9,	or reported an an	nount on Form
	990, Part X, line 21.					·	
1a	Is the organization an agent, trustee						ot
	included on Form 990, Part X?				• •		☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	ollowing table:	Г	· · · · · · · · · · · · · · · · · · ·	mount
		•			-	<del></del>	mount
C	Beginning balance				• }	1c	<del>•</del>
d	· · · · · · · · · · · · · · · · · · ·					1d	
e f	Distributions during the year Ending balance				•	1e	
2a′	Did the organization include an amount				r custo	<del></del>	2 Ves No
	If "Yes," explain the arrangement in P						
Pari		art Am. Oncor no	10 11 1110 0	Apianation nao Be	on pro	vidod offi dit /till :	
	Complete if the organization	answered "Yes	on For	m 990, Part IV,	line 10	).	
	, ,	(a) Current year			years bac		(e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and		}				
	losses		<u> </u>				
d	Grants or scholarships	=					•
e	Other expenditures for facilities and						
	programs						<u>-</u>
f	Administrative expenses						
g	End of year balance		<u> </u>			<u> </u>	
2	Provide the estimated percentage of t			e (line 1g, columi	n (a)) he	eld as:	
a	Board designated or quasi-endowmer	nt 🕨	%			•	
b	Permanent endowment	%6					
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	%	0006				
32	Are there endowment funds not in the			zation that are he	ld and	administered for th	e
Ou	organization by:	c possession on a	no organi	zation that are no	na ana	daminiotorea for th	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related o						3b
4	Describe in Part XIII the intended uses						<del> </del>
Part					`		
	Complete if the organization	answered "Yes	on For	m 990, Part IV,	line 11	a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or o		(b) Cost or other ba	sis	(c) Accumulated	(d) Book value
		(investr	тепту	(other)		depreciation	<del></del>
1a	Land	•					
b	Buildings	•			0.4	(757/	<del>.</del>
C	Leasehold improvements	·		932 3870		67576 314770	•
d	Equipment	• 1		1 3070		317770	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

97942

(8) (9)

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

rait vii	Complete if the organization answ	ered "Yes" on Form	990. Part IV. lii	ne 11b. See Forr	n 990. Part X. line 12.
	(a) Description of security or category	100 017 0111	(b) Book value		ethod of valuation
	(including name of security)			Cost or en	d-of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)					
					<del>_</del>
(C)	••••				<del></del>
(D)	••••••••••••				
(E)					<u></u>
(F)			<del></del> .	-	
(G)					
(H)	No. of Francisco		<del></del>		
	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		<del> </del>		
Part VIII	Complete if the organization answ		QQO Dort IV iii	ne 11e. See Form	000 Part Y line 13
	(a) Description of investment	ered res official	(b) Book value		ethod of valuation
	(a) Description of investment		(D) DOOK VAIDE		d-of-year market value
(1)				· · · · · ·	
(2)				-	
(3)	·- ·· ·				
(4)	1		· · ·	* * * * * * * * * * * * * * * * * * * *	<del> </del>
(5)					
(6)			<u>.</u>	-	
(7)					
(8)					
(9)					
Total. (Column (	b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX	Other Assets.				
· · ·	Complete if the organization answ		990, Part IV, lir	ne 11d. See Forn	
	(a)	Description	<u>,</u>		(b) Book value
(1)				· · · · · · · · · · · · · · · · · · ·	
(2)				· · · · · · · · · · · · · · · · · · ·	
(3)					
(4)					
(5)					· · · - · · ·
_(6)				<del> </del>	
(7)		<del> </del>	<del> </del>	<del></del>	
(8)					
(9)	mn (b) must equal Form 990, Part X, col.	(R) line 15.)			
Part X	Other Liabilities.	. (5) 11110 10.7			·
raitx	Complete if the organization answ	ered "Yes" on Form	990 Part IV lin	ne 11e or 11f. Se	e Form 990. Part X
	line 25.	0.00 .00 0	000, 1 4.111, 1.1		0101111000,1 41111,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					[1] "我们的"我们的"
(2)					
(3)		<del> </del>			
(4)					
(5)					
(6)					
(7)		<u>-</u>		Maria de Maria	

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

Par				Return.	_
	Complete if the organization answered "Yes" on Form 990,		e 12a.		
1	Total revenue, gains, and other support per audited financial statements			REPORTA	5690358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a b	Net unrealized gains (losses) on investments	2a			
C	Recoveries of prior year grants	2b			
d	Other (Describe in Part XIII.)	2c   2d			
e	Add lines 2a through 2d		<del></del>		
3	Subtract line 2e from line 1			2e	5690358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		3	5690356
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines <b>4a</b> and <b>4b</b>		····	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5690358
	XII Reconciliation of Expenses per Audited Financial Stater				3070330
	Complete if the organization answered "Yes" on Form 990,			or riotaliii	
1	Total expenses and losses per audited financial statements			1	5703392
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	Other losses	2c			
ď	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5703392
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			2000	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c ·	Add lines <b>4a</b> and <b>4b</b>			4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .     .		5	5703392
	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV,	lines 1b and 2b	; Part V, line	; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Accou	nting principles generally accepted in the United States of America require ma	anagement to	evaluate tax po	sitions taken b	y the
Organ	zation and recognize a tax liability (or asset) for an uncertain position that mo	re likely thar	not would not b	e sustained u	oon
examir	ation by the Internal Revenue Service Management has evaluated their mate	rial tax posit	ions and determ	ined there are	no
uncert	in positions taken or expected to be taken that would require recognition of a	a liability (or	asset) or disclos	ures in the	
financi	al statements.				
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Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 42-1183810 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance Aging Resources of Central lowa Department of the Treasury Internal Revenue Service Name of the organization Part I

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV line 21, for any recipient that received more than \$5 000. Part II can be duplicated if additional space is needed √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	or any recipient	that received m	ore than \$5,000.	Part II can be d	uplicated if additi	onal space is needed.	
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Iowa Legal Aid 1111 9th St, Ste 230, Des Moines, IA	42-1079227	501(c)(3)	82600		•		Legal Services
(2) IA Assn Area Agencies on Aging PO Box 148, Pleasantville, IA	42-1321802	501(c)(3)	20000				Family CareGiver
(3) Boone County Hospital 105 S Marshall, Boone, IA 50036	42-6037625	501(c)(3)	106857				Meals, Homemaker, Respite
(4) Boone County Transportation 328 Spedden Dr, Boone, IA 50036	42-1068667	501(c)(3)	52800				Transportation
(5) HomeCare Services Dallas Co 101 N 9th St, Adel, IA 50003	42-0935815	501(c)(3)	143140				Meals, Transportation
(6) Jasper County Iowa PO Box 944, Newton, IA 50208	42-6005041	Govt Unit	183902				Meals
(7) Westey Community Services 5508 NW 88th St, Johnston, IA	20-3970256	501(c)(3)	367005				Meals, Homemaker, Respite
(8) Heartland Senior Services 203 S Walnut, Ames, IA 50010	42-1052353	501(c)(3)	147296				Meals, Respite
(9) Madison Co Elderly Services 1106 N John Wayne Dr. Winterset IA	42-1334758	501(c)(3)	141115				Meals, Transportation
(10) MATURA Action Corporation 207B N Elm, Creston, IA 50801	42-0920388	501(¢)(3)	4468				Chore
(11) Marion County Iowa 214 E Main St, Knoxville, IA 50138	42-6004844	Govt Unit	114538				Meals, Homemaker
(12) Quality Home Care Professionals 101 E Marion, Knoxville, IA 50138	42-1505563	501(c)(3)	7530				Homemaker
2 Enter total number of section 501(c)(3) and government organ	501(c)(3) and gov	vernment organiza	inizations listed in the line 1 table	ne 1 table			. 🔻 22
3 Enter total number of other organizations listed in the line 1	ganizations listed	I in the line 1 table					0

Schedule I (Form 990) (2016)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Fo	Schedule I (Form 990) (2016)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be dunlicated if additional snace is needed

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Material Aid payments - see below	937	434492			
2					
က				-	
4					
S.	,				
9					
7		<b>-</b>	,		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	ı (b); and any other addit	ional information.
Monitoring the use of grant funds - All contractors are selected through a detailed request for proposal system on a two year cycle. The Grants and Planning Committee review all	elected through a de	stailed request for prop	osal system on a two	rear cycle. The Grants and P	lanning Committee review all
applications and makes formal recommendations to the Advisory Council. The Advisory Council review the process and recommends its choices to the Board of Directors. The Board	Advisory Council. 1	The Advisory Council r	eview the process and	recommends its choices to	the Board of Directors The Board
of Directors makes the final determination on contract awards. All contracts are monitored on a monthly basis with program and fiscal reports prepared by the contractors. The reports	wards. All contracts	s are monitored on a mo	onthly basis with prog	ram and fiscal reports prepar	ed by the contractors. The reports
are reviewed before grant funds are paid to the contractors. A formal	ors. A formal monite	oring visit occurs each	fiscal year to review the	ne contract, reports, fiscal ma	I monitoring visit occurs each fiscal year to review the contract, reports, fiscal matters and program compliance

(area meal site, housing facility, service center or field office). The application requires personal information, description of the client's financial situation, need, the amount of funds requested, the service requested and their selected vendor. Staff review all applications and verify the information and compliance with funding requirements. The applications are either Part III - Grants and Other Assistance to Individuals in the United States - Individuals requesting aid must complete an application for assistance at any authorized referral source.

Issues

assistance provided are utility bills, rent, transportation, medical expense, durable medical equipment, homemaker and respite services.

approved for processing or returned denied. Approved applications require a detalled involce from the vendor and all payments are issued directly to the vendor Examples of

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047	2016	
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Open to Public Inspection

**Employer identification number** 

Health Care, Holiday Meals % □ Meals, Transit, Advocacy Mental Health Services Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Meals, Homemaker 22 0 ✓ Yes 42-1183810 Transportation Transportation Holiday Meals Holiday Meals Respite Chore Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 143880 (d) Amount of cash 596068 16800 29984 1296 5370 14997 1838 112800 140723 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance **Govt Unit Govt Unit Govt Unit Govt Unit Govt Unit** 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 42-1183810 42-6004798 42-6004519 42-1439898 42-1014354 42-0942273 42-0680448 42-1514387 42-1347891 42-1176997 (b) EIN (5) Aging Resources 5835 Grand Ave, Ste 106, Des Moines 111 Court Ave, Des Moines, IA 50309 (2) Rebuilding Together Des Moines 1111 9th St, Ste 265, Des Moines, IA 2840 104th St, Urbandale, IA 50322 1 (a) Name and address of organization (7) Warren County Iowa 301 N Buxton, Indianola, IA 50125 406 SW School, Ankeny IA 50021 Aging Resources of Central lowa (6) Mary Greeley Medical Center 1111 6th Avenue, Des Moines, IA 1301 Center St, Des Moines, IA 620 Cherry St , Des Moines, IA PO Box 1729, Ames, IA 50010 (4) New Horizons Day Center (8) Eyerly Ball Mental Health (10) Mercy Medical Center (9) HIRTA Public Transit or government (1) Polk County Iowa (3) DART Part II Part I N (12)

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance R က S 9

### 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

∠© IO Open to Publi

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Aging Resources of Central Iowa 42-1183810 Form 990 - Part III - Line 4d - Other Program Services Service Expense Grant Revenue Transportation 480863 451512 Training and Educational Programs 105297 438634 Respite 327759 307753 0 Chore 176781 164549 Area Agency PSA 137047 21573 0 Personal Care/Homemaker 0 160213 150434 Material Aid 174649 202951 0 Total 1924248 1375767 Form 990 - Part VI - Section B - Line 12c - Conflict of Interest All directors, officers and employees are notified of the agency's conflict of Interest policy and notify the agency of known conflicts. Form 990 - Part VI - Section B - Line 15A and 15B - Annual Compensation Compensation for all personnel is reviewed by the Personnel Committee of the Board of Directors. The committee recommends the percentage of merit pay increase in the form of either compensation or merit time off; and the annual COLA adjustment to the Board of Directors (Merit increases are determined by a formal annual performance review) The Board of Directors establish both the upper limit for the merit increases; and the annual Cost of Living Allowance (COLA). The COLA increase is based on the COLA established by the Social Security Administration with a 2% floor. Salary ranges by employee class are in place. The salary ranges are based on information from Iowa Workforce Development and other market place sources. Form 990 - Part VI - Section C - Line 19 - Availability of Documents The governing documents, conflict of interest policy and financial statements are available upon public request at our central office. The Form 990 is available upon public request at our central office. All documents are available without charge

Schedule O (Form 990 or 990-EZ) (2016)	Page A
Name of the organization Aging Resources of Central lowa	Employer identification number 42-1183810
Form 990 - Part VI - Section B - Line 11B - Process to review Form 990	
The completed Form 990 is reviewed by the Executive Director prior to filing and then sent	to the members of the Audit and Finance
Committee of the Board of Directors for their review. The final document is sent to all of the	e members of the Board of Directors.
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