Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

SCANNED AUG 1 2 2019

		nue Service	► Go to www	.irs.gov/Forr	n990 f	or instructions	and the I	atest	informat	tion.		Inspecti	
A	For the	2017 calend	lar year, or tax year beginni				nd endin		UN 30				
В	Check if applicabl	C Name o	forganization				-		D Emp	loyer identifi	cation	number	
Г	Addre	ss USPI	RITUS, INC.										
Ē	Name		Usiness as			-				61-0	4715	572	
	Initial return	Number	r and street (or P.O. box if mail	s not delivered	d to stre	et address)	Room/	/suite	E Telephone number				
	Final return/	3121	BROOKLAWN CAM	PUS DR	IVE	,		l				-5177	
	termin ated	City or t	own, state or province, coun	try, and ZIP of	or fore	gn postal code			G Gross	receipts \$	19	,432,	405.
	Ameno	<u> 1001</u>		218					H(a) Is t	his a group r	eturn		
L	Applic tion pendir	F Name a	nd address of principal office					i	for	subordinates	رة [Yes 🖸	X No
		<u> </u>	BROOKLAWN CAMP			<u> LOUISVII</u>		(XA)		all subordinates i		Yes L	l No
_			X 501(c)(3) 501(c) ()◀ (insert n	o.) 4947(a)	(1) or L	527		No," attach a	-		ns)
			WSPIRITUS ORG X Corporation Trust	Associa	tion [Other >				oup exemption			7737
	art I	Summary		A5500la	ן ווטוו	Other P		Year o	or rormatio	n: 1991 <u>r</u>	N State C	it legal domi	CIIE: KY
_	1		pe the organization's mission	or most sign	ıfıcant	activities RES	TORI	NG 1	HOPE.	INSTIL	LING		
Governance			NCE, FURTHERING										
rna	2		x If the organization										
Š	3		ting members of the governin							3			<u> 16 </u>
	* '		dependent voting members o				b)			4			<u> 16</u>
ties	1		of individuals employed in ca	-	2017 (F	Part V, line 2a)				5			524
Activities &	1		of volunteers (estimate if nec	• •	(0)	10				6			<u>2115</u>
Ą	1		d business revenue from Part business taxable income froi							7a			0.
	, D	ivet umelateu	business taxable income froi	II FOITH 990-	i, iirie .	34		Т	Prior	Year	_	urrent Yea	0.
a)	8	Contributions	and grants (Part VIII, line 1h)					_		4,843.		, 255,	
ğ			ce revenue (Part VIII) Inelao	ED.						2,815.		,027,	
Revenue	10	Investment ind	come Par <u>t VIII column (A), I</u> ir	es-3,-4,, and	7d)					6,380.		293,	
<u> </u>			(Part Vijj, column (A), lines 5							7,724.		677,	
			· add lines 8 thyough 21 (mus				?)		<u>18,57</u>	71,762.	19	,254,	31 <u>9.</u>
	1		milar amounts paid (Part IX, c	A CONTRACTOR OF THE PARTY OF TH)		<u> </u>		0.			0.
	1 4- 4		to or for members Part A co					-	12 26	0.	1.3		0.
ses	15 3		r completes those (Post IX and use			ımn (A), lines 5-1	O)		13,26	57,876.	13	,827,	
Expenses	loa i		undraising fees (Part IX, colur ing expenses (Part IX, columr			192	566.		 -	0.			0.
Ж	17 (es (Part IX, column (A), lines 1			= 32,	<u> </u>		6.21	9,940.	5	,969,	830.
			s Add lines 13-17 (must equa			A), line 25)				7,816.		,797,	
	19 F		expenses Subtract line 18 fr							6,054.		<542,	
Net Assets or Fund Balances								_		Current Year		nd of Year	
sset Bala	20		Part X, line 16)							8,342.		<u>,675,</u>	
et A	21		(Part X, line 26)					<u> </u>		7,071.		,156,	
P	22 M art II	Signature	fund balances Subtract line :	21 from line 2	20			1 4	<u>21,89</u>	1,271.	21	,518,	<u>450.</u>
			declare that thave examined this	e roturn 3nclue	dina acc	companying echad	ulae and et	tatama	nte and to	the heet of m	v L nawla	das and hali	of the
			Declaration of preparer (other th								y KIIUWIG	uye and bein	GI, IL 13
		N X Z	Alun	1	~			<u> </u>		X 5/10	7/	9	
Sig	n	Signature	of officer		-					Date	7		
Her	e		EIAL DRANE, PRI	ESIDENT	'/CE	10							
		Print/Type prep		- Denni	aror's s	innature -		l Da	ate/	Check	7 7	TIN	
Paid	- 1		K MCCAFFREY	()	1/1	ignature (- 1	$\mathcal{A} = \mathcal{A}$	f self-employe	一 ;	09388!	53
	г		▶ DEMING MALON	LIVES	AY	& OSTROF	F PSC			rm's EIN		106424	
-			9300 SHELBYV			E 1100							- <i>-</i>
]		I.OHTGVII.I.E		2-5	187			ا .	Ohono no / E	0214	26 96	60

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2017)

X Yes No

	n 990 (2017) USPIRITUS, INC.	<u>61-047</u> 1572 Pa	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	OUR MISSION IS RESTORING HOPE, INSTILLING CONFIDENCE, F	URTHERING	
	EDUCATION, AND ENCOURAGING SPIRITUALITY AND FAITH THROUGH		
	COMPREHENSIVE CONTINUUM OF CARE FOR VULNERABLE YOUTH AN		
		D THEIR	
	FAMILIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🛣	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	massured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		ers, the total expenses, and	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 9,676,430. including grants of \$) (Reven		<u>4.</u>)
	PCC PROVIDES RESIDENTIAL TREATMENT FOR ABOUT 97 CHILDRE	N PER DAY.	
		~~~~	
41	. E 200 CD2	F F07 10:	1 .
4b	(Code) (Expenses \$5, 288, 603. including grants of \$) (Revenue)		1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRI	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRI	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
4b	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM	EN PER DAY IN	1.)
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.	EN PER DAY IN ALWAYS HAS A	
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code) (Expenses \$ 939,806. including grants of \$ ) (Revenue of the program of the p	EN PER DAY IN ALWAYS HAS A	1.)
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRENTHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER	EN PER DAY IN ALWAYS HAS A  LUC S  R DAY IN CENTRA	1.)
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRED THE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code) (Expenses \$ 939,806. Including grants of \$) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVIDES PROVIDED PROV	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRED THE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code) (Expenses \$ 939,806. Including grants of \$) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVIDES PROVIDED PROV	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRESTATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenue TFC PROVIDES THERAPEUTIC FOSTER CARE FOR 86 CHILDREN PER AND WESTERN KENTUCKY, AND COMMUNITY BASED SERVICES PROVICES PROVICES PROVICES THEOUGH RESIDENTIAL CARE, THERAPY, SUPPORT SI	EN PER DAY IN ALWAYS HAS A	1.) AL
4c	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code) (Expenses \$939,806. including grants of \$) (Revented to the control of the contr	EN PER DAY IN ALWAYS HAS A	1.) AL
	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$) (Revenience of the company	EN PER DAY IN ALWAYS HAS A	1.) AL
4c	PRTF PROVIDES ACUTE RESIDENTIAL TREATMENT FOR 67 CHILDRITHE STATE'S MOST HIGHLY ACCLAIMED PROGRAM. THIS PROGRAM WAITING LIST FOR ADMISSION.  (Code)(Expenses \$ 939,806. including grants of \$ ) (Revenerable of the control of th	EN PER DAY IN ALWAYS HAS A	1.) AL

ROM LJABCATA	572		age <b>3</b>
		Yes	No
(1) (other than a private foundation)?	[	163	NO
(1) (out of that a private realisation)	1	X	
fule of Contributors?	2	X	
npaign activities on behalf of or in opposition to candidates for			
	3		x
age in lobbying activities, or have a section 501(h) election in effect			
g,g	4	X	
) organization that receives membership dues, assessments, or			
"Yes," complete Schedule C, Part III	5		x
ny similar funds or accounts for which donors have the right to			
s in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
nt, including easements to preserve open space,	<u> </u>		<del>-</del>
If "Yes," complete Schedule D, Part II	7		x
torical treasures, or other similar assets? If "Yes," complete	<u> </u>		
torious troubures, or other similar absolute in the complete	8		x
escrow or custodial account liability, serve as a custodian for			
ebt management, credit repair, or debt negotiation services?			
cot management, credit repair, or dept negotiation services.	9		x
on, hold assets in temporarily restricted endowments, permanent			
nedule D, Part V	10	X	
s is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	<del>- 10</del> -	21	<del></del>
s is Tes, their complete schedule b, Faits VI, VII, VIII, IA, OI A			
nd equipment in Part X, line 10? If "Yes," complete Schedule D,			
ad equipment in Fatt A, line 10 fit Tes, Complete Schedule D,	11a	х	
er securities in Part X, line 12 that is 5% or more of its total	11a	- 21	
ule D, Part VII	11b	X	
gram related in Part X, line 13 that is 5% or more of its total	110		
ule D, Part VIII	110		x
art X, line 15 that is 5% or more of its total assets reported in	11c		
are X, line 10 that is 5% of more of its total assets reported in	11d	X	
Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
itements for the tax year include a footnote that addresses FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
Financial statements for the tax year? If "Yes," complete		77	
mancial statements for the tax year in res, complete	12a	Х	
t guidited financial statements for the tay year?	IZa	_Λ	
t audited financial statements for the tax year? hen completing Schedule D, Parts XI and XII is optional	12b		X
)(ii)? If "Yes," complete Schedule E	13		X
ts outside of the United States?			X
of more than \$10,000 from grantmaking, fundraising, business,	_14a		-21
ed States, or aggregate foreign investments valued at \$100,000			,
ou States, or aggregate foreign investments valued at \$100,000	4/h		X
ore than \$5,000 of grants or other assistance to or for any	14b		
and IV	15		X
500 F 500 F 500	<u> </u>		

<u>Pa</u>	TIV, Checklist of Required Schedules			
		_	Yes	No
1 ·	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			32
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
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		Х
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	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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 169 If "Yes," complete Schedule D, Part VII	11b	Х	
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		_X_
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u>X</u> _
f	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_ X	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13_		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	_14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441	Ì	v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Y
7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_16_		<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 4 2	
	complete Schedule G, Part III	19		Х

Form **990** (2017)

			162	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		X
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	_ X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	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	25a		X
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		X
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		Х
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			77
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	_		<b>1</b> 7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee for a family member thereof was an efficient	28b		X
·	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	000	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	
29 30	Did the organization receive more than \$25,000 in horicast contributions <i>in Yes, complete Schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		Λ
	If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		
-	Schedule N, Part II	32		Х
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		X
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	2017

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		.05	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_:•		
	filed for the calendar year ending with or within the year covered by this return  2a 524			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l	X
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		
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>X</u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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			ľ
	sponsoring organization have excess business holdings at any time during the year?	8		<del></del>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders  Gross income from other sources (Do not not amounts due or paid to other sources against			
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
120	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-†	
	Note. See the instructions for additional information the organization must report on Schedule O	.54		
h	Enter the amount of reserves the organization is required to maintain by the states in which the	ŀ		
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		-	l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \dagger$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2017)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	740 7	espon	26				
,	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$				
Sec	tion A. Governing Body and Management							
	tion At develoning body and management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 16			110				
	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.	ļ						
b	Enter the number of voting members included in line 1a, above, who are independent  1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	:						
2.	officer, director, trustee, or key employee?	2	х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_						
٠	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6 Did the organization become aware during the year of a significant diversion of the organization's assets?								
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х				
, u	more members of the governing body?	7a		x				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	Х					
	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14_	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ì				
	The organization's CEO, Executive Director, or top management official	15a	<u> X</u>					
b	Other officers or key employees of the organization	15b	_X_					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l				
	taxable entity during the year?	16a_		<u> X</u>				
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?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filled <b>XY</b> Section 5104 requires an exposuration to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(a)/2)s only or		lo.					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallad	ie					
	for public inspection Indicate how you made these available Check all that apply  X Own website X Upon request Other (explain in Schedule O)							
		l fine-	oicl					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iinan	cial					
20	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   COPPORATION - (502) 451 - 5177							
	CORPORATION - (502)451-5177 3121 BROOKLAWN CAMPUS DRIVE, LOUISVILLE, KY 40218							
	JIZI DAOCADAM CAMI OD DAIVE, DOUIDVIDDE, AI 40210							

# Part VIL Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation from	compensation from related	amount of other
	(list any	įė				Γ		the	organizations	compensation
	hours for	ig.				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat	1	(W-2/1099-MISC)		organization
	organizations	al tro	onal tr	l	oloyee	l iii				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CURRY NICHOLSON	1.00	=	=_	0	ž	==	2	<del> </del>	<del></del>	
CHAIRPERSON	1.00	x		X				0.	0.	0
(2) TOM HIRSCH	1.00	-				$\vdash$				
TREASURER		$\mathbf{x}$		x				0.	0.	. 0
(3) JOHN MEGIBBEN	1.00									
SECRETARY		X		X		1		0.	0.	0
(4) LEE BALTZWELL	1.00									
DIRECTOR		X						0.	0.	0
(5) BRUCE BARRICK	1.00									
DIRECTOR		X	<u> </u>			<u> </u>		0.	0.	0
(6) REED FARLEY	1.00								_	
DIRECTOR		X				$\vdash$		0.	0.	0
(7) DARLENE BENZICK	1.00								•	
DIRECTOR	1 00	X	$\vdash$					0.	0.	0
(8) TERRY BURDEN	1.00	x						0.	0.	0
DIRECTOR	1.00	^		_						0
(9) KAREN LONG DIRECTOR	1.00	X						0.	0.	0
(10) GREG MAYES	1.00	1						- 0.		
DIRECTOR		x						0.	0.	0
(11) BRUCE FERGUSON	1.00	1								
DIRECTOR		Х						0.	0.	0
(12) ANN THOMAS	1.00								_	_
DIRECTOR		X						0.	0.	0
(13) RANDY PAAS	1.00									
DIRECTOR		X						0.	0.	0
(14) NEIL STAMP	1.00				!				_	
DIRECTOR	1 00	Х	$\vdash \vdash$					0.	0.	0
(15) ANN WALTHALL	1.00								_	•
DIRECTOR	1 00	Х	$\vdash$			_		0.	0.	0
(16) CHRIS TEELEY	1.00	X							^	_
DIRECTOR DOWN	40.00	^	-	_ {		-		0.	0.	0
(17) ABBREIAL DRANE	40.00	1		х				_165,915.	0.	6,502
RESIDENT AND CEO 32007 11-28-17		<u> </u>		Λ			<u> </u>	103,313.		Form <b>990</b> (201

732007 11-28-17

Form **990** (2017)

Pai	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A)	(B)	(C) Position						(D)	(E)			(F)	
•	Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable			tımat	
		week					ıs bot or/trus			compensation from related			nount other	
		(list any	cto						the	organization			pens	
		hours for	Individual trustee or director				Ē		organization	(W-2/1099-MIS			om th	
		related	stee 0	ruste			beusa		(W-2/1099-MISC)			_	anıza	
		organizations below	nal tru	onal t	ŀ	loyee	E as						d rela	
		line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anızat	ions
		<del> </del>	=	=	0	¥	工品	=	<del></del>					
		<del> </del>			Į i						ļ			
		<del> </del>	_	<u> </u>			H	<del> -</del> -	<del></del>		-+		-	
		-												
			_				t	<u> </u>	-		-		_	
			ĺ			l								
							1							
		-												
			1											
	<del></del>													
											[	ı		
							İ							
	<del></del>													
													_	
1b	Sub-total							<b>•</b>	165,915.		0.		6,5	02.
С	Total from continuation sheets to Part V	II, Section A						<b>•</b>	0.		0.			0.
d	Total (add lines 1b and 1c)						_	<b></b>	165,915.		0.		6,5	02.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	oove	e) wh	no r	eceived more than \$100	,000 of reportab	e			
	compensation from the organization		_										_	1
											r		Yes	No
3	Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee,	or	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									ļ	3		X
4	For any individual listed on line 1a, is the su	•		-					•	he organization	ŀ	İ		
	and related organizations greater than \$15											4	X	<b>↓</b>
5	Did any person listed on line 1a receive or a					•		elat	ted organization or indivi	dual for services				
_	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch j	pers	son					_5_		X
	tion B. Independent Contractors								<del></del>					
1	Complete this table for your five highest co	· •	-								ipensa	ation f	rom	
	the organization Report compensation for	the calendar y	ear e	endii	ng w	/ith	or w	ithir		<u>ear</u>				
	(A) Name and business	address							( <b>B)</b> Description of s	ervices	C	Ompe		חו
CCI	ARDEIN MECHANICAL CON'		<u> </u>							0177000				<del></del>
	O OUTER LOOP , LOUISV			102	550	3			HVAC_CONTRAC	TOR		1 0	7 0	19.
	PHONSO E NICHOLS, MD	<u> </u>		202	<u></u>			ď	IIVAC CONTRAC	IOR			, <u>,                                  </u>	<u> 1).</u>
	12 TUPPENCE TRACE, LO	UTSVTLL	2.	ΚY	7 /	10:	223	۱ ۱	PSYCHIATRIC :	DOCTOR		10	0 4	69.
100	JI TOTTEMOR HATCH / BO	O T D V T LL LL		102		- 0 -	<u> </u>	1	I DI CHILITINI C	DOCTOR			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	stec	d above) who received m	ore than		_		
	\$100,000 of compensation from the organi	_					3		<u> </u>					
	<del></del>											Form	990	(2017)

Form 990 (2017) USPIRITUS, INC.
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	_		[
	•		· · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	59.875.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, E	c	Fundraising events	1c	211 234.				1
ar la	d	Related organizations	1d					
J.S.	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, gran	ts, and					
至		similar amounts not included abor	ve 1f	1,984,880.				
	g	Noncash contributions included in lines	1a-1f \$	231,385,		•		
<u>ರೆ ೯</u>	h	Total. Add lines 1a-1f			2 255 989			<u> </u>
				Business Code	·			
<u>S</u>	2 a	PCC REVENUE		900099	9,593,394.	9,593,394.		
e c	b	REVENUE-PRTF		900099	5,527,191.	5,527,191.		
n S	С	COMMUNITY BASED SERVICE	ES	900099	907,021.	907,021.		ļ
Program Service Fevenue	d				-			
<u>0</u>	е							
а.	f	All other program service reve	nue					
		Total. Add lines 2a-2f	<u> </u>		16,027,606.			
	3	Investment income (including	dividends, inter	est, and				
	_	other similar amounts)			190,362.			190,362.
	4	Income from investment of tax	x-exempt bond p	proceeds				
	5	Royalties	( ) D (	<b>P</b>				<del> </del>
	٠.	0	(i) Real	(II) Personal			•	
	6 a		101,358,	-				
	b	•	0,	-	İ			
		Rental income or (loss)  Net rental income or (loss)	101,358		404 050			
		Gross amount from sales of	(A) Convention	(v) Other	101,358.	-		101,358.
	/ a		(i) Securities	(ii) Other				
	h	assets other than inventory  Less cost or other basis	250,544,	305.				
	b	and sales expenses	143 464	4 450				
	_	Gain or (loss)	143,464. 107,080.	4,459. <4,154.>				
		Net gain or (loss)	107,080.	<u> </u>	102 926			102,926,
		Gross income from fundraising	a events (not		102,320.			102,926.
nue	• •	including \$211						
eve		contributions reported on line						
Æ		Part IV, line 18	а	24,437.				
Other Reve	b	Less direct expenses	b					
°	С	Net income or (loss) from fund	raising events	<b>•</b>	<5,726.	,	-	<5,726.>
		Gross income from gaming ac	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from game	ing activities	<b></b>				
	10 a	Gross sales of inventory, less i	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sales	s of inventory	<b>•</b>				
,		Miscellaneous Revenue	<u>e</u>	Business Code				
	11 a	DIETARY		900099	322,425.	322,425.		
	b	MANAGEMENT SERVICES		541200	255,995.	255,995.		
	С	OTHER _		900099	23,142.	23,142.		
	d	All other revenue		900099	<19.758.	<19 758		
	е	Total. Add lines 11a-11d		▶	581,804,			
	12	Total revenue. See instructions.	<del>-</del>	<u> </u>	19,254,319,	16,609,410.	0,	388,920

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and Do not include amounts reported on lines 6b, Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 189,895 189,895 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,232,082. 9,841,217. 1,097,030. 293,835. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 987,240. 820,650. 142,585. 24,005. Other employee benefits Payroll taxes 1,418,215. 1,221,713. 158,635. 37,867. 10 Fees for services (non-employees) Management 378. 126,598 99,693. 26,527. Legal b С Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 28,311 7,405. 17,177 3,729. Advertising and promotion 12 123,821 70,503. 46,704 6,614 13 Office expenses 14 Information technology 15 Royalties 1,331,910. 1,131,907. 186,053 13,950. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 119,701 159,376. 28,721 10,954. Conferences, conventions, and meetings 19 Interest 52,129. 52,129. 20 Payments to affiliates 21 1,007,642. 838,854 138,844 29,944. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) 24 amount, list line 24e expenses on Schedule O.) 1,107,751. 1,107,751. a CLOTHING AND ALLOWANCES 570,046. FOOD 570,027. 19 567,722. 434,605. 132,488. c PURCHASED SERVICES 629. 20,095. d RESIDENT ACTIVITIES AND 316,922 289,467 7,360. 577,602 754,166. <213,716.b 37,152. e All other expenses 19,797,262. Total functional expenses Add lines 1 through 24e 17,208,344. 2,096,352 492,566. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X . Balance Sheet

Form 990 (2017)

	990 (2017) USPIRITUS, INC.	61-0	<u>471572</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,79		
3	Revenue less expenses Subtract line 2 from line 1	3	< <u>54</u>	2,9	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>21,89</u>	1,2	71.
5	Net unrealized gains (losses) on investments	5	5	<u>6,9</u>	58.
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	11	<u>3,1</u>	64.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>21,51</u>	<u>8,4</u>	<u>50.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>o</b>			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both		.		
	X 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 oversight of the	audıt,			
•	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2017)

# **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Nam	Name of the organization Employe												
		USPI	RITUS, INC				_	6	1-0471572				
Pai	t I	Reason for Public	Charity Status (	All organizations must c	omplete th	ııs part ) S	ee instruction	S					
The c	rgan	zation is not a private found	lation because it is.	(For lines 1 through 12,	check only	one box)			, n				
1		A church, convention of ch	urches, or association	on of churches describe	d in section	n 170(b)(	1)(A)(i).	ı	<i>[</i> ]				
2		A school described in secti					Λ Λ/		) [				
3	$\overline{}$	A hospital or a cooperative					in)	,	$\cup$ 1				
4	一	A medical research organiz						Viii) Enter	the hospital's name				
•		city, and state				Jeoure	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Milly: Elicol	the hoopital e hame,				
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental ı	ınıt descrit	ped in				
,		section 170(b)(1)(A)(iv). (C											
6 l	_	A federal, state, or local government	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).						
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	section 170(b)(1)(A)(vi). (Complete Part II )												
8	_	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )								
9 l		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	f the colleg	e or				
_		university.	<u> </u>										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from				
		activities related to its exem											
		income and unrelated busin											
		See section 509(a)(2). (Cor		,		·	•	•	·				
11 [		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).						
12 [		An organization organized a						arry out the	purposes of one or				
		more publicly supported or						-					
		lines 12a through 12d that											
а		Type I. A supporting orga	•			•		•	alvina				
_		the supported organization	•		•	•	• • • • • • • • • • • • • • • • • • • •	• • •	•				
		organization You must c		* * * * * * * * * * * * * * * * * * * *	z majomy .	or tine dire	ctors or traste	.03 01 1110 3	apporting				
b		Type II. A supporting orga			tion with it	e eunnort	ed organizatio	n(e) by ba	vina				
•		control or management of					-		=				
		organization(s) You mus			arrie perso	nis triat co	ontroi or mana	ige trie sup	ported				
_	Γ	n	•				and functions		مادالم				
C		Type III functionally inte						ny integrati	ed with,				
		its supported organization		•	•	•	•		-4 (-)				
d	L	Type III non-functionally	•					•	` '				
		that is not functionally int	-	- •	•		-	an attent	iveness				
		requirement (see instructi	•	•	•								
е		Check this box if the orga					i Type I, Type	II, Type III					
		functionally integrated, or	• •	nally integrated support	ing organiz	zation							
		r the number of supported of	•										
g		ide the following information  Name of supported	about the supporte	d organization(s) (iii) Type of organization	(iv) is the oroa	nization listed	(w) Amount of	monotoni	(vi) Amount of other				
	()	organization	(11) = 114	(described on lines 1-10	(iv) is the orga in your governi		(v) Amount of support (see in	•	support (see instructions)				
				above (see instructions))	Yes	No			- Copport (Goo motractions)				
									n				
			-										
								_					
-								<del>_</del>					
					5								
[otal			1		l								

# Schedule A (Form 990 or 990-EZ) 2017 USPIRITUS, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

Se	ction A. Public Support	Do, pioc	- Ploto Fait	,		<u> </u>	-		
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	1 Gifts, grants, contributions, and								
•	membership fees received. (Do not								
	include any "unusual grants ")	2496214.	734,926.	1577705.	974.204.	1233108.	7016157.		
2	Tax revenues levied for the organ-						, , , , , , , , , , , , , , , , , , , ,		
	ization's benefit and either paid to		•			,			
	or expended on its behalf					,			
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2496214.	734,926.	1577705.	974,204.	1233108.	7016157.		
5	The portion of total contributions								
	by each person (other than a	`							
	governmental unit or publicly	,							
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
_6	Public support. Subtract line 5 from line 4					•	7016157.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	2496214.	734,926.	1577705.	974,204.	1233108.	7016157.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	465,274.	562,764.	797,824.	495,980.	1344760.	3666602.		
9	Net income from unrelated business								
	activities, whether or not the					,			
	business is regularly carried on				_	·			
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI)	544,719.	736,951.	884,129.	662,067.	581,804.	3409670.		
11	Total support. Add lines 7 through 10	4					14092429.		
12	Gross receipts from related activities,	etc (see instruction	ons)			12 79	,422,896.		
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
_	organization, check this box and stor						<b>▶</b> □		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			·r			
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	49.79 %		
	Public support percentage from 2016				Į	15	<u>57.57 %</u>		
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$		
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□		
17a	10% -facts-and-circumstances test	t - <b>2017.</b> If the orga	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	<mark>ere.</mark> Explain in Par	t VI how the organ	ızatıon		
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	publicly supported	organization		ightharpoons		
b	10% -facts-and-circumstances test	t - <b>2016.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	ın Part VI how the			
	organization meets the "facts-and-circ				-		▶□		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>▶</u>		
					Sche	dule A (Form 990	or 990-FZ\ 2017		

# Schedule A (Form 990 or 990 EZ) 2017 USPIRITUS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked			organization failed	I to qualify under P	art II If the organiza	ation fails to	
<u>c-</u>	qualify under the tests listed to	pelow, please com	plete Part II)				$\overline{}$	
	ction A. Public Support			<del></del>				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
_	include any "unusual grants ")	-	_		-!			
2	Gross receipts from admissions, merchandise sold or services per-	İ						
	formed, or facilities furnished in							
	any activity that is related to the					!		
_	organization's tax-exempt purpose	ļ		<del>                                     </del>				
3	Gross receipts from activities that					1		
	are not an unrelated trade or bus-	}						
	iness under section 513				<u> </u>			
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to				Í <b>\</b>			
_	or expended on its behalf		<del></del>		1	-		
5	The value of services or facilities		}			}		
	furnished by a governmental unit to				\	11		
_	the organization without charge	<u> </u>						
	Total. Add lines 1 through 5			<b> </b>	<b>\</b>			
/ a	Amounts included on lines 1, 2, and		İ					
	3 received from disqualified persons Amounts included on lines 2 and 3 received			<u> </u>	<del>\</del>	-		
L	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
_	amount on line 13 for the year				\		<del></del>	
	Add lines 7a and 7b		/				<del></del>	
	Public support. (Subtract line 7c from line 6)			.l	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2013	/ /b) 2014	(*) 2015	(4) 2016 <b>\</b>	4-> 0017	(O Tatal	
	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016 \	(e) 2017	(f) Total	
	Gross income from interest,	<i> </i>			<del>                                     </del>			
	dividends, payments received on				N N			
	securities loans, rents, royalties, and income from similar sources	/				\		
h	Unrelated business taxable income					1		
~	(less section 511 taxes) from businesses	/						
	acquired after June 30, 1975							
c	Add lines 10a and 10b	1				<u>'</u>	· · · · · · · · · · · · · · · · · · ·	
	Net income from unrelated business	1				<del>\</del>		
	activities not included in line 10b,	/				\		
	whether or not the business is regularly carried on	/				\		
12	Other income Do not include gain 4					<del></del>		
	or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd. fourth, or fifth ta	x vear as a section	501(c)(3) organizat	tion	
	check this box and stop here	<b>g</b>	,		, , , , , , , , , , , , , , , , , ,	. 00 . (0)(0) 0. 9424		
Sec	tion C. Computation of/Publ	ic Support Pe	rcentage					
	Public support percentage for 2017 (I			column (f))		15	%	
	Public support percentage from 2016	***	•		Ī	16		
	tion D. Computation/of Inves							
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lii	ne 13, column (f))		17	%	
	Investment income percentage from 2			,	Ì	18	<del></del>	
	33 1/3% support tests -2017. If the			on line 14, and line	15 is more than 3			
	more than 33 1/3%, check this box as						▶□	
b	33 1/3% support tests - 2016. If the				-		nd	
	line 18 is not more than 33 1/3%, che							
	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

# 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 Organizations

- 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?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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_
1_1_	_	
2		
3a		
Ja		
3b		
3c		
_4a		
4b		
4.		
4c		
<u>5a</u>		
5b	_	
5c		
6		
7		
8		
9a		
9b		
_9c		
100		
10a		
10b		

1a

1b

1c

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	
Sec	tion 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	
5	Income tax imposed in prior year	5	
6			
	Distributable Amount. Subtract line 5 from line 4, unless subject to		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

a Average monthly value of securities

e Discount claimed for blockage or other factors (explain in detail in Part VI).

c Fair market value of other non-exempt-use assets

2 Acquisition indebtedness applicable to non-exempt-use assets

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

Subtract line 2 from line 1d

rype in Non-Functionally integrated 503	najisi supporting Orga	ariizations (continuea)	<u> </u>
ion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exe	empt purposes		
Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
			<del></del>
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which t	he organization is responsive	<del></del>	<u> </u>
(provide details in Part VI) See instructions	•		
Distributable amount for 2017 from Section C, line 6			
	(i)	(ii)	(iii)
ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			<del></del>
Underdistributions, if any, for years prior to 2017 (reason-			
able cause required- explain in Part VI) See instructions			
Excess distributions carryover, if any, to 2017			
From 2013			
From 2014			
From 2015			
From 2016			
Total of lines 3a through e		_	
Applied to underdistributions of prior years			
Applied to 2017 distributable amount			
Carryover from 2012 not applied (see instructions)			-
Remainder Subtract lines 3g, 3h, and 3i from 3f			
Distributions for 2017 from Section D,			
line 7 \$			
Applied to underdistributions of prior years			
Applied to 2017 distributable amount		-	
Remainder Subtract lines 4a and 4b from 4			
Remaining underdistributions for years prior to 2017, if			
any Subtract lines 3g and 4a from line 2 For result greater			
than zero, explain in Part VI. See instructions			
Remaining underdistributions for 2017 Subtract lines 3h			
and 4b from line 1 For result greater than zero, explain in			
Part VI See instructions			
Excess distributions carryover to 2018. Add lines 3j			
and 4c			
Excess from 2016			
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemy organizations, in excess of income from activity.  Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval required). Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2017 from Section C, line 6.  Line 8 amount divided by line 9 amount.  Total emount divided by line 9 amount.  Distributable amount for 2017 from Section C, line 6.  Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2017.  From 2013.  From 2014.  From 2016.  Total of lines 3a through e.  Applied to underdistributions of prior years.  Applied to 2017 distributable amount.  Carryover from 2012 not applied (see instructions).  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from Section D, line 7.  \$  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions of prior years.  Applied to 2017 distributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions carryover to 2018. Add lines 3j and 4c.  Breakdown of line	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions Excess distributions carryover, if any, to 2017  From 2013 From 2014 From 2015 From 2016 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 \$ Applied to 2017 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for years Prior to 2017, subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions  Remaining underdistributions carryover to 2018. Add lines 3j and 4c Breakdown of line 7 Excess from 2014 Excess from 2015	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets  Coulified sets asset amounts (nor IRS approval required) Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions  Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Line E - Distribution Allocations (see instructions)  Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount  (ii) Line 8 amount divided by line 9 amount  (iv) Line 6 Line 8 amount for 2017 from Section C, line 6 Line 8 amount for 2017 from Section C, line 6 Line 8 amount for 2017 from Section C, line 6 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Line 9 Lin

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

# SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiz	ations. Complete Part III			
Na	ne of organization			Empl	oyer identification number
	USPIRI'	TUS, INC.	<del></del>		61-0471572
P	art I-A Complete if the or	rganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	ditures	cal campaign activities	_	
0	Volunteer flours for political camp	aigh activities			
P	art I-B Complete if the or	rganization is exempt un	der section 501(c)	(3).	
	Enter the amount of any excise ta			▶\$	
2	Enter the amount of any excise ta	x incurred by organization manag	gers under section 4955	5 ▶\$	
3	If the organization incurred a secti	ion 4955 tax, did it file Form 4720	o for this year?		Yes No
4	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV	<del></del>			
Р	art I-C Complete if the or	rganization is exempt un	der section 501(c)	<del>`</del>	
	Enter the amount directly expende	, •	•		
2	Enter the amount of the filing orga	anization's funds contributed to c	ther organizations for s	_	
_	exempt function activities			▶\$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here	and on Form 1120-POL	•	
	line 17b	a 4400 DOL for this year?		▶\$	Yes No
	Did the filing organization file Form Enter the names, addresses and e	•	(IN) of all section 527 pe	olitical organizations to which	
J	made payments For each organiz				
	contributions received that were p	•			
	political action committee (PAC)	f additional space is needed, pro	vide information in Part	: IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-
		<del> </del>	·· <del>·</del>	<del> </del>	
					<del></del>
		1			
_		<u> </u>			
		1	1		

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990 EZ) 2017 [	JSPIRITU	S, INC.	on 501(c)(3) and file	61-	0471572 Page 2
section 501(h)).	31112GUOI1 13	exempt under section	on out (c)(o) and the		siection under
<del></del>	on helonas to	an affiliated group (and list	in Part IV each affiliated	nroup member's na	me address FIN
expenses, and share	_	- · · ·	in rait iv each animated	group member s na	ne, address, Lily,
		ox A and "limited control" pi	ovisions annly		
D Check P if the limit organizati	on oncorea b	A T and minica control pi	ovisions apply	(a) Filing	(b) Affiliated group
		Expenditures amounts paid or incurred	L)	organization's totals	totals
1a Total lobbying expenditures to influe	ence public op	nion (grass roots lobbying)			<u> </u>
<b>b</b> Total lobbying expenditures to influe	ence a legislati	ve body (direct lobbying)	[		
c Total lobbying expenditures (add lin	es 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,	Ī		
d Other exempt purpose expenditures	-				
e Total exempt purpose expenditures		and 1d)	Ţ		
f Lobbying nontaxable amount Enter	•	•	th columns		
If the amount on line 1e, column (a) or		ne lobbying nontaxable an			
Not over \$500,000		% of the amount on line 1		• •	,
Over \$500,000 but not over \$1,000,		00,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50		75,000 plus 10% of the ex		,	
Over \$1,500,000 but not over \$17,00		25,000 plus 5% of the exc			
Over \$17,000,000		,000,000	ess over \$1,500,000		
Over \$17,000,000	Ψ	,000,000			
g Grassroots nontaxable amount (ent	er 25% of line	1f)			
h Subtract line 1g from line 1a If zero		·	Ī		<del> </del>
i Subtract line 1f from line 1c If zero					<del> </del>
If there is an amount other than zero			tation file Form 4720		1
reporting section 4911 tax for this y		The line in all the organi	cation life i onti 4/20		Yes No
reporting section 45 f reax for this y		ar Averaging Period Unde	r section 501/h)		
(Some organizations that		tion 501(h) election do no	• •	f the five columns	below.
(come or gammanome and		separate instructions for I	-		
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))			<u> </u>		<u> </u>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))			·	-	,
4 Grassroots Johnwan expenditures					

Schedule C (Form 990 or 990-EZ) 2017

# Schedule C (Form 990 or 990 EZ) 2017 USPIRITUS, INC. [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		1)	(b)	
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
Other activities?	X		1	.,947
J Total Add lines 1c through 1i			1	.,947
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior vear	γ <b>3</b>		
answered "Yes."  1 Dues, assessments and similar amounts from members		1	_	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	itical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				. <u>.</u>
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro instructions), and Part II-B, line 1 Also, complete this part for any additional information	up list), Part II-	·A, lines 1 a	ınd 2 (see	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE ODGSNITGS TON DAVIG DIEG TO GUILDDEN G STATEMED. T	MOODDOD	3.000		
THE ORGANIZATION PAYS DUES TO CHILDREN'S ALLIANCE, I	NCORPOR	ATED	AND A	
PORTION OF THESE DUES (\$1,947) IS DESIGNATED AS LOBE	YING EX	PENSE	s.	

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	USPIRITUS, INC.		61-0471572
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu-	nds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	S .	
-	for charitable purposes and not for the benefit of the donor of	- · · · · · · · · · · · · · · · · · · ·	
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register	and 7/20/00, and not on a motion of dotain	2d
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by the orga	
Ŭ	year >	induced, extinguished, or terrimizated by the enga	anzation daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	<b>&gt;</b>	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	rganization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	•
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

		US, INC.					71572 Page 2
Par	rt III   Organizations Maintaining C						
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	ı sıgnıfıca	nt use of its	collection items
•	(check all that apply)						
а	Public exhibition	d	I 🔛 Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's e	xempt pu	rpose in Par	t XIII
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other sim	ılar assets	š	
	to be sold to raise funds rather than to be ma						Yes No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on Form 9	990, Part IV,	line 9, or
	reported an amount on Form 990, Pa						<del></del>
па	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets n	ot include	ed	¬.,
	on Form 990, Part X?						_ Yes       No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.				<del></del> _
					-		Amount
	Beginning balance				10		
d	Additions during the year				10		
е	Distributions during the year				16		
f	Ending balance					f	<del></del> _
	Did the organization include an amount on Fi				•	L.	_ Yes      No
	If "Yes," explain the arrangement in Part XIII						
Par	t V Endowment Funds. Complete r			T			
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	
1a	Beginning of year balance	8,821,315.	8,142,748.	8,485,661		316,612.	6,703,305.
b	Contributions	214,784,	488,466.	<382,405	$\overline{}$	<95,229.	
C	Net investment earnings, gains, and losses	297,933.	202,753,	50,655	<del>-</del>	273,674,	190,848.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	***********************					ļ
f	Administrative expenses	13,671.	12,652.	11,163		9,396.	8,686.
9	End of year balance	9,320,378.	8,821,315,	8,142,748	. 8	.485 <u>.661</u> .	8,316,612.
2	Provide the estimated percentage of the curr	•	• • •	i)) held as			
а	Board designated or quasi-endowment	48.00	_%				
b	Permanent endowment ► 52.00	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sho						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the orga	inization	
	by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
þ	If "Yes" on line 3a(ii), are the related organiza						3b
4_	Describe in Part XIII the intended uses of the		wment funds	<del> </del>			
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answered						
	Description of property	(a) Cost or o	1 , ,		Accumul		(d) Book value
	<del> </del>	basis (investr		<u>`'</u>	lepreciati	on	1 472 076
1a	Land			3,876.	0.0.1	0.45	1,473,876.
b	Buildings		24,79	<u>9,183. 17</u>	<u>,031,</u>	845.	7,767,338.
C	Leasehold improvements	<u> </u>	2 25	7 637 3	013	710	242 010
d	Equipment				<u>,013,</u>		243,918.
	Other	avel Farm 200 Dist		9,942.	339,		488. 9,485,620.
ı o <u>tal</u>	. Add lines 1a through 1e (Column (d) must e	quai ronn 990, Part	<u>∧, column (B), line 1</u>	UC.)			J,403,04U.

Schedule D (Form 990) 2017

	INC.	61-	<u>04/15/2</u> Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) CASH	175,110.	END-OF-YEAR MARKET	VALUE
(B) FIXED INCOME FUNDS	881,197.	END-OF-YEAR MARKET	VALUE
(C) EQUITY MUTUAL FUNDS	2,431,400.	END-OF-YEAR MARKET	VALUE
(D) COMMON STOCK	1,034,075.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			<del>_</del>
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,521,782.		
Part VIII Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<del></del>	
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d See Form 990, Part X, line 15	
	Description		(b) Book value
(1) BENEFICIAL INT IN COMM. FO			43,953
	ARTY TRUSTS		4,746,458
(3)			
(4)			
(5)			
(6)	***************************************		
(7)			***************************************
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		4,790,411
Part X Other Liabilities.	- 10)		<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability		) Book value	
(1) Federal income taxes		,,	
		<del></del>	
(2)			
(3)	<del></del>		
(4)			
(5)			
(6)			
(7)			
(U)	l l		

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 X.

▶

Schedule D (Form 990) 2017

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

USPIRITUS' ENDOWMENT FUNDS CONSIST OF INVESTMENTS MAINTAINED BY FINANCIAL
INSTITUTIONS AND A BENEFICIAL INTEREST IN ASSETS HELD BY VARIOUS COMMUNITY
FOUNDATIONS FOR USE IN OPERATIONS AS DESIGNATED BY THE BOARD. THE
INVESTMENTS HELD BY FINANCIAL INSTITUTIONS ARE BOARD DESIGNATED FUNDS AND
THE BENEFICIAL INTEREST IN ASSETS HELD BY VARIOUS COMMUNITY FOUNDATIONS
ARE DONOR-RESTRICTED FUNDS. USPIRITUS' BOARD OF DIRECTORS DOES NOT HAVE
INPUT OR AUTHORITY OVER THE NATURE AND TYPE OF INVESTMENTS HELD BY THE
COMMUNITY FOUNDATIONS. THE DIRECTORS OF THE COMMUNITY FOUNDATIONS HAVE
SOLE DISCRETION ON THE INVESTMENTS AND THE AMOUNT AND TIMING OF
DISTRIBUTIONS. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN
THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS,

Schedule D (Form 990) 2017

732054 10-09-17

Schedule D (Form 990) 2017

# SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number
					61-0471572		
Part I Fundraising Activities required to complete this par	Complete if the organization answert	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	I filers are not
1 Indicate whether the organization rais	sed funds through any of the follows	ng acti	vities	Check all that apply			
a Mail solicitations	e 🔙 Solicita	tion of	non-g	overnment grants			
<b>b</b> Internet and email solicitations			-	nment grants			
c Phone solicitations	g L Special	fundra	alsing	events			
d In-person solicitations							
2 a Did the organization have a written of						, or	
key employees listed in Form 990, P						└─ Yes	
b If "Yes," list the 10 highest paid indi		uant to	agree	ements under which	the fu	ındraiser is to b	e
compensated at least \$5,000 by the	organization						
(i) Name and address of individual or entity (fundraiser)	or entity (fundraiser)  (ii) Activity  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser  fundraiser		Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No			-	
							<u> </u>
	<del></del>						
3 List all states in which the organizatio	n is registered or licensed to solicit of	contrib	utions	or has been notified	l it is	exempt from re	egistration
or licensing							
						·	
			_				
			_			<del></del> .	
LHA For Paperwork Reduction Act Note	ce, see the Instructions for Form 9	990 or	990-E	Z. S	chec	lule G (Form 9	90 or 990-EZ) 2017

		ele G (Form 990 or 990-EZ) 2017 USPIRIT	US, INC.		61-	0471572 Page 2
Pa	irt					
	ı	of fundraising event contributions and gr	(a) Event #1 GOLF SCRAMBLE (event type)	(b) Event #2  RENEW THE  SPIRIT BREAK  (event type)	(c) Other events  (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	36,790.	130,345.	68,536.	235,671.
	2	Less. Contributions	27,290.	123,408.	60,536.	211,234.
	3	Gross income (line 1 minus line 2)	9,500.	6,937.	8,000.	24,437.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ω	8 9	Entertainment Other direct expenses	8,081.	7,905.	14,177.	30,163.
	10 11	,				30,163. <5,726.
Pa				990, Part IV, line 19, or re	eported more than	\J,120.
		\$15,000 on Form 990-EZ, line 6a		(L.) Dull take Gretors		1 ( N <del>T</del> - 1 - 1 ( - 1 1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ď	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes% [	Yes % No	
	<b>7</b> \	Direct expense summary Add lines 2 through	15 in column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	<del></del>	<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re		,	ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

	61-0471572 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	med
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
	40.0
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	d records
Name ►	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	he amount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party	
Name	
Address	
16 Gaming manager information	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	<u> </u>
Director/officer Employee Independent contractor	
17 Mandatory distributions	
•	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v.	), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	<del></del>

Schedule G	(Form 990 or 990-EZ)	USPIRITUS,	INC.	61-0471572 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
		(commisse)		
•				
			<del></del>	
		, k		
			<del>_</del>	
				<del></del>
				<del></del>
			•	
	<del></del>		<del></del>	
	<del></del>	<del></del>		
			1	
	<del>_</del>			
_			<del></del>	
	<del></del>		<del></del>	
		_	_	
		<del></del>	<del></del>	
_				<del></del>
			<del></del>	
				<u></u>
	<del>-</del> -			
				`

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2017

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

USPIRITUS, INC. Employer identification number 61-0471572

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		ļ ·	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
<b>h</b>	If any of the house on line to are checked, did the exceptation follows a wetter a class records a second of	1		-
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	١		
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	┼
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1 _	-	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			·
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only position FOM/s/(0) FOM/s/(4) and FOM/s/(0)			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	!		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	_		3,5
a	The organization?	5a		X
D	Any related organization?	_5b		<u>X</u>
_	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of			37
a	•	6a		X
b	Any related organization?	6b	_	X
_	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Ι_ ΄
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	_8_		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	l	i

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		to Constitution (a)	214 OOO 1 22/22 C W					
		(b) Dieakuowii Oi	(b) Dieakuowii of W-Z alid/of 1099-WISC compensation	SC compensation	(C) Hettrement and	(D) Nontaxable	(E) Total of columns	۴
(A) Name and Title		(ı) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
(1) ABBREIAL DRANE	ε	165,915.	0	0	5,883.	619.	172.417.	0
PRESIDENT AND CEO	€		0	0		0		0
	Ξ							
	Ξ	,						
	Ξ							
	⊞							
	Ξ							
	Ξ							
	Ξ							
	≘							
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ			1				
	(1)							
	Ξ							
	(ii)							
	Ξ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	⊞	ļ						
	Ξ							
	▣							
	Ξ							
	3							

Schedule J (Form 990) 2017

# **SCHEDULE L**

Department of the Treasury

# **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization     Yes   No	Internal Reveni	ue Service	► Go to	www.irs.gov/F	orm99	0 for i	nstructions and the	e latest ı	nformation			In	spec	tion	
Excess Benefit Transactions (section 501c)(3), section 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 501c)(4), and 5	Name of th	e organization								Em	ploye	rident	ificat	ion nu	mber
Excess Benefit Transactions (section 50fc)(3), section 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 50fc)(4), and 5		t	JSPIRITU	S, INC.						61	-04	715	72		
Complete if the organization answered "Yes" on Form 990, Part IV, line 250 or 25b, or Form 990-EZ, Part V, line 40b  1 (a) Name of disqualified person  (b) Relationship between disqualified person (c) Description of transaction  (c) Description of transaction  (d) Corrected?  Yes No  Vas No  Vas No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4858  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of line (Palationship of Ion)  (b) Relationship of Ion (c) Description of transaction  (c) Description of transaction  (d) Name of interested person  (e) Description of transaction  (g) Description of transaction  (g) Circumstance  (g) Organization  (g) Organization  (g) Description of transaction  (g) In (g) Part IV, line 26, or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26, or if the organization interested person  (g) Description of transaction  (g) Organization  (g) Organization  (g) Organization  (g) Organization  (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g) In (g)	Part I	Excess Bene	efit Transac	tions (section 5	501(c)(3	3), sect	tion 501(c)(4), and 5	01(c)(29)	organizatio	ns onl	y)				
(a) Name of disqualified person   (b) Pelationship between disqualified person and organization   (c) Description of transaction   (d) Corrected? Yes   No   No   No   No   No   No   No   N		Complete if the	organization an	swered "Yes" on	Form	990. P	art IV. line 25a or 25	b. or For	m 990-EZ. F	Part V.	line 40	)b			
(a) Name of disqualined person person and organization (b) Description of transaction (c) Description of transaction (d) Press (d) No. (e) Description of transaction (d) Press (d) No. (e) Description of transaction (d) Press (d) No. (e) Description of transaction (d) Press (d) No. (e) Description of transaction (d) Press (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description of transaction (d) No. (e) Description		(h)				lified						(d)	Corre	cted?	
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990. Part IX line 5, 6, or 22  (a) Name of interested person (b) Relationship (c) Purpose of Interested person (d) Relationship (of Ioan to or organization of Ioan (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (f) Balance due (g) In (fi) Approved (g) Winterested person (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organization (e) Organiz	(a) Nar	me of disqualified p	person ("				(	( <b>c)</b> Descr	ption of trai	nsactio	on				
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan to organization (c) Purpose of loan to organization (d) Salance due (e) Original principal amount (f) Salance due (g) In (h) Approved (g) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved						_							+	-	110
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of Ioan to organization (c) Purpose of Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d) Ioan to organization (d															
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan to organization (c) Purpose of loan to organization (d) Salance due (e) Original principal amount (f) Salance due (g) In (h) Approved (g) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved													<b>—</b>		
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan to organization (c) Purpose of loan to organization (d) Salance due (e) Original principal amount (f) Salance due (g) In (h) Approved (g) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved		-													
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan to organization (c) Purpose of loan to organization (d) Salance due (e) Original principal amount (f) Salance due (g) In (h) Approved (g) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved															
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan to organization (c) Purpose of loan to organization (d) Interested person (e) Organial principal amount (f) Balance due (g) In (h) Approved (g) Written (h) Approved (g) Written (h) Approved (g) Written (h) Approved (g) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h													<del>                                     </del>		
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan to organization (c) Purpose of loan to organization (d) Interested person (e) Organial principal amount (f) Balance due (g) In (h) Approved (g) Written (h) Approved (g) Written (h) Approved (g) Written (h) Approved (g) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Written (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h) Approved (h	2 Enter	the amount of tax	incurred by the	organization ma	nagers	or dis	qualified persons du	iring the	vear under						
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22    (a) Name of interested person   (b) Relationship of local   (c) Purpose of assistance   (d) Relationship of local   (d) Relationship organization   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance				0.gaa		0. 0.0	quaou porcorio de	g to	you. undo		<b>S</b>				
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22    (a) Name of interested person   (b) Relationship of local   (c) Purpose of assistance   (d) Relationship of local   (d) Relationship organization   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance			if any on line 2	above reimbur	sed hv	the or	rganization				\$				
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person with organization with organization with organization with organization and the organization and the organization of loan.  (b) Relationship of loan or from the organization of loan organization of loan organization of loan organization of loan organization of loan organization organization.  (c) Purpose of loan organization organization organization organization organization organization.  (d) Salance due log In loance organization organization organization.  (e) Orgnal principal amount organization organization.  (f) Balance due log In loance organization organization.  (h) Balance due log In loance organization organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Balance due log In loance organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee organization.  (h) Approved to committee o	•	and announced transport	,,	, abovo, rominour	00 <b>u</b> b,		gameation				Ψ				
reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person with organization of interested person with organization of interested person of loan interested person of loan interested person interested person of loan interested person of loan interested person interested person of loan interested person of loan interested person of loan interested person interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan in	Part II	Loans to and	d/or From Ir	terested Per	rsons	·	•								
reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person with organization of interested person with organization of interested person of loan interested person of loan interested person interested person of loan interested person of loan interested person interested person of loan interested person of loan interested person of loan interested person interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested person of loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan interested loan in		Complete if the o	organization and	swered "Yes" on	Form 9	990.F7	Part Viline 38a or	Form 99	) Part IV lu	ne 26	or if th	ne oras	nızəti	on	
(a) Name of interested person (b) Relationship with organization (c) Purpose of Ioan (d) Loan to organization?  To From (e) Original principal amount (f) Balance due (g) In default? (b) Approved organization? (e) Original principal amount (f) Balance due (g) In default? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Approved organization? (f) Balance due (g) In default? (f) Balance due (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default? (g) In default?							., r art v, iii o ooa or	1 01111 33	J, 1 (2) ( ) ( )	16 20,	0	ic orga	ınzatı	011	
Interested person with organization of loan organization of loan principal amount of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization of loan organization organization of loan organization of loan organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organi	(a	•			(d) La	oan to or	(e) Original	(f) Ba	ance due	la.	) In	(h) Ap	proved	ii w	/ritten
To From Yes No Yes No Yes No No No No No No No No No No No No No								(", 54	ance due	defa	ault?				
Total  Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Ty								-		Voc	No			Voc	No
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f		<del></del>			1.0	1 10111				163	140	163	140	162	140
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f					1					<del> </del>	_			1	<del>                                     </del>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f				-		†		<del>                                     </del>					-		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f				_	<del> </del> -			-							+
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f						<b></b>								<del>                                     </del>	<del> </del>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f					1					<u> </u>				<u> </u>	<del>                                     </del>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f					+										
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f	<del></del>				+	†						<del>                                     </del>		<del>                                     </del>	<del>                                     </del>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f								-				$\vdash$		<del>                                     </del>	+
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f		<u> </u>		<del> </del> -		<del>                                     </del>				╁	-	$\vdash$		$\vdash$	<del>                                       </del>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f) Type of assistance (f	Total		1	<del></del>			L	1			<u> </u>	<del>                                     </del>			<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance		Grants or As	sistance Be	nefiting Inte	reste	d Pe				l	_				
(a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance				•											
interested person and the organization assistance assistance assistance	(a) N:								(d) Type	of			Durn		<del></del>
the organization	(4)	anno or microsica p	5010011					Ì							1
			İ												
											-+				
								<del></del>							
								<del></del>			_				
		· · ·	<del>                                     </del>					<del>-   -</del>			-			_	
				<del></del> .				<del>-   -</del>			$\dashv$				
			-												_
											-			_	
HA For Department Production Act Notice and the Instructions for Form 200 at 200 F7			-								-				
	HA For D	anerwork Poduce	ion Act Notice	con the leather	ntions	for Fa	rm 990 or 900 E7		6-L	مطیبات	/E-		\ e= 0'		10047

Part IV Business Transactions Invo		<del></del>			
	ed "Yes" on Form 990, Part IV, line 28a, 20		1	(e) Sha	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's
DDVGE FERGUSON	DOLDD WEWDEN		DIID TAIG . TX/1.0	Yes_	No
BRUCE FERGUSON	BOARD MEMBER	<u> </u>	DURING FY18	<u> </u>	<u> </u>
					<del> </del>
	-				
		<del></del>			
			<u> </u>		
				<u> </u>	
Part V Supplemental Information					
Provide additional information for res	ponses to questions on Schedule L (see	instructions)	<u> </u>		
age t DIDE TH DUGTNESS	mp 11/21 Cm 101/2 T1 T107 11 T1	TIMEDES			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	'ED PERSONS:		
(A) NAME OF PERSON: BRUCE	FERGUSON				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	O ORGANIZAT	'ION:		
DOLDD WEWDED					
BOARD MEMBER			<del></del>		
(C) AMOUNT OF TRANSACTION	\$ (D) DESCRIPTION O			• • •	
(D) DESCRIPTION OF TRANSA	CTION: DURING FY18,	USPIRITUS P	URCHASED IT	S	
BUSINESS AND PROFESSIONAL	LIABILITY INSURANCE	THROUGH TH	E UNDERWRIT	ERS_	
GROUP BROKERAGE. BRUCE FE	RGUSON, PRESIDENT OF	THE UNDERW	RITERS GROU	P, I	S
	BOARD OF DIRECTORS.			•	
				VTNO	
RELATIONSHIP WITH THE UND	ERWRITERS GROUP PRIOR	R TO MR. FE	RGUSON ASSU	MING	<u>A</u> _
SEAT ON THE BOARD.					
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO	<del></del>			
			<u> </u>		
				_	

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2017

Open To Public

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Inspection

Employer identification number Name of the organization 61-0471572 USPIRITUS, INC. Part I Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art · Works of art Art - Historical treasures 2 Art · Fractional interests Books and publications 231,385. THRIFT SHOP VALUE 5 Clothing and household goods X Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2017

33

If "Yes," describe in Part II

describe in Part II

Schedule M	(Form 990) 2017	USPIRITUS	S, INC.				61-	<u>0471572                                   </u>	Page 2
Part II	Supplemental is reporting in Part this part for any ac	<b>information.</b> I, column (b), the	Provide the info	ormation require tributions, the r	ed by Part I, lin number of item	es 30b, 32b, as received, or	a combination	ether the organized both Also col	zation npjete
	- Inis part for any ac		<del>_</del>						
	<del></del>								
	<u> </u>								<del>.</del>
	<del></del>				· · · · · · · · · · · · · · · · · · ·				_
							_		
							_		
	<del></del>			<del></del>					
			-				<del></del>	<del></del>	
							_		
			_		,				
	· · · · · · · · · · · · · · · · · · ·					<del></del>			
	·····	<del></del>						<del></del> .	
		<u> </u>			<del></del>				
	<u> </u>		<del> </del>		<del></del>				_
								<del></del>	
					<del></del> .				<del></del>
<del></del>									
			<del></del>	<del></del>					
									•

Schedule M (Form 990) 2017

732142 09-07-17

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

A contact to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TNC. USPIRITUS

Employer identification number 61-0471572

Oblikiob, ike.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH A COMPREHENSIVE CONTINUUM OF CARE FOR VULNERABLE YOUTH AND
FAMILIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR VALUES FOR MORE THAN 160 YEARS HAVE BEEN GUIDED BY GOD'S LOVE,
BLESSED BY GENEROUS HEARTS, AND SERVED BY NURTURING HANDS AS WE CARE
FOR KENTUCKY'S MOST VULNERABLE CHILDREN. WE VALUE THE EMPOWERMENT OF
THE INDIVIDUAL, THE STRENGTH OF FAMILY, THE BONDS OF FRIENDSHIP, AND
THE COMPASSION OF COMMUNITY.
OUR VISION IS TO HEAL THE HEARTS AND MINDS OF VULNERABLE YOUTH AND
THEIR FAMILIES.
FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:
<u>KY</u>
FORM 990, PART VI, SECTION A, LINE 2:
WHILE USPIRITUS IS AWARE THAT SEVERAL OF OUR BOARD MEMBERS HAVE BUSINESS
RELATIONSHIPS WITH EACH OTHER OUTSIDE OF THEIR SERVICE TO USPIRITUS (E.G.
INVESTMENT AND INSURANCE SERVICES), USPIRITUS DOES NOT HAVE A POLICY
GOVERNING NOR DOES IT CURRENTLY INQUIRE ABOUT BOARD MEMBERS' RELATIONSHIPS
WITH OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) (2017)

USPIRITUS, INC.

Employer identification number 61-0471572

THE 990 QUESTIONNAIRES AND NON-AUDIT DATA ARE COMPLETED BY THE VP/CFO, IN CONSULTATION WITH THE VP OF DEVELOPMENT AND OTHER NECESSARY STAFF. THIS DATA IS COMBINED WITH THE AUDITED FINANCIAL DATA BY OUR PUBLIC ACCOUNTING FIRM AND PRESENTED TO THE PRESIDENT/CEO FOR REVIEW. AFTER PRESIDENT/CEO APPROVAL, THE 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. ONCE THE FINANCE COMMITTEE APPROVES THE 990, IT IS FILED WITH THE IRS AND PUBLICALLY POSTED AND MADE AVAILABLE. THE FINANCE COMMITTEE THEN REVIEWS THE COMPLETED AND APPROVED 990 WITH THE ENTIRE BOARD AT ITS NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

SECTIONS V, B, AND C OF THE CONFLICT OF INTEREST POLICY SPECIFY ANNUAL

REVIEW OF THE POLICY AND INDIVIDUAL COMPLIANCE STATUS. THE ACTUAL

COMPLETION OF THE SPECIFIED FORMS AND REVIEWS OCCUR, FOR ALL COVERED

PARTIES, AT THE TIME OF THE ANNUAL MEETING OF THE BOARD ON THE FIRST MONDAY

OF DECEMBER OF EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION LEVELS AT USPIRITUS ARE APPROVED BY THE HUMAN RESOURCES

COMMITTEE OF THE BOARD OF DIRECTORS AFTER BEING SET IN A PROCESS HEADED BY

THE VICE-PRESIDENT OF HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT.

USPIRITUS' STRATEGIC PLAN CALLS FOR THE ORGANIZATION TO BE AN EMPLOYER OF

CHOICE IN THE COMMUNITY. AS SUCH, USPIRITUS' COMPENSATION AND BENEFITS MUST

BE SUFFICIENT TO ATTRACT SKILLED AND DEDICATED STAFF. THERE ARE COMPLETE

JOB DESCRIPTIONS LISTING DUTIES AND REQUIREMENTS FOR EACH POSITION.

COMPENSATION LEVELS ARE SET BASED ON JOB REQUIREMENTS, USING NATIONAL AND

LOCAL SALARY SURVEYS, PEER RECRUITING EXPERIENCE, AND CURRENT MARKET

CONDITIONS FOR EACH DISTINCT POSITION. MINUTES ARE KEPT FROM ALL COMMITTEE

Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

Name of the organization **Employer identification number** USPIRITUS, INC. 61-0471572 MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: USPIRITUS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND MONTHLY FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST AT THE ADMINISTRATION BUILDING, 3121 BROOKLAWN CAMPUS DRIVE, OR THROUGH THE WEBSITE AT WWW.USPIRITUS.ORG. ELECTRONIC COPIES ARE FREE OF CHARGE, WHILE PAPER COPIES ARE \$0.10 PER PAGE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT AND TPT 113,164. FORM 990, PART XII, LINE 2C: USPIRITUS RETAINS A LOCAL, PEER-REVIEWED, PUBLIC ACCOUNTING FIRM, WIDELY RECOGNIZED TO HAVE EXPERTISE IN THE NON-PROFIT HEALTHCARE FIELD, TO COMPLETE ITS ANNUAL AUDIT. CERTAIN MEMBERS OF THE AUDIT STAFF HAVE CHANGED COMPLETELY IN THE PAST FEW YEARS. THE FINAL AUDIT REPORT IS PRESENTED, BY THE PARTNER IN CHARGE OF THE AUDIT, TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. A PORTION OF THIS PRESENTATION IS CONDUCTED IN EXECUTIVE SESSION SO THAT THE DIRECTORS CAN TALK FREELY WITH THE AUDITORS ABOUT ANY STAFF RELATED ISSUES WHICH MAY ARISE. AFTER ACCEPTANCE OF THE AUDIT BY THE FINANCE COMMITTEE, THE PARTNER PRESENTS THE AUDIT TO THE FULL BOARD OF DIRECTORS. THERE IS A TIME FOR DIRECTORS TO ASK QUESTIONS. ALL DIRECTORS ARE PROVIDED WITH A WRITTEN COPY OF THE AUDIT, MANAGEMENT LETTER AND ANY OTHER GERMANE DOCUMENTS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2017

OMB No 1545-0047

**Employer identification number** Open to Public Inspection Direct controlling 61-0471572 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year  $\boldsymbol{\varepsilon}$ End-of-year assets **e** Total income € ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) ▶ Attach to Form 990. Primary activity 9 INC. USPIRITUS, Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part II

(g) Section 512(bX13) controlled ž × entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charity 509(A)(2) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) KENTUCKY TRAIN WORKERS SERVING EMOTIONAL/BEHAVIORAL Primary activity CHILDREN WITH THE BROOKLAWN INSTITUTE, INC. (NO ACTIVITY) 61-1382058, 3121 BROOKLAWN CAMPUS DRIVE, Name, address, and EIN of related organization 40218 LOUISVILLE, KY

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

SEE PART VII FOR CONTINUATIONS

48

Schedule R (Form 990) 2017

732161 09-11-17 LHA

61-0471572

Schedule R (Form 990) 2017 USPIRITUS, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

(b) Primary activity		Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V:UBI amount in box 20 of Schedule K:1 (Form 1065)		General or Percentage managing ownership
TREATMENT, AND EDUCATION TO EMOTIONALLY AND KY N/A		1/1		RELATED		<19,758.>	254,973	,	N/A	×	\$00.05
						-					
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	a Corporati the tax year	rati ear	ion or Trust. Co	emplete if the	e organization a	inswered "Yes"	on Form 990, F	art IV, line 3	4, because it ha	d one or n	ore relate
(b) Primary activity	(b) Primary 6	وَ عَ		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) ntity Share of total corp. t)		(g) Share of Fend-of-year assets	(h) Percentage ownership	Section 512(bx/13) controlled entity?
											<u> </u>
		1									

732162 09-11-17

Schedule R (Form 990) 2017

्। **.क** .र्ज

Yes No

# Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed	in Parts II·IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		1a	^	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	_	×
c Gift, grant, or capital contribution from related organization(s)				10	7	×
d Loans or loan guarantees to or for related organization(s)				1d	₹	×
e Loans or loan guarantees by related organization(s)				1e	^	×
f Dividends from related organization(s)				<b>*</b>		×
					1	د اه
				6	1	4
h Purchase of assets from related organization(s)				£	7	×
i Exchange of assets with related organization(s)				÷	7	×
j Lease of facilities, equipment, or other assets to related organization(s)				į-	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	^	×
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	nization(s)			Ē	~	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			무	_	×
o Sharing of paid employees with related organization(s)				9	×	
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				đ	^	×
q Reimbursement paid by related organization(s) for expenses				<b>t</b>	×	Ì
					+	×
s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds	1s	<	}
	(4)	(9)	9			
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amount involved	rolved		1
(1) MB CARE LLC	D	100,008.	100,008.CONTRACT			1
(2) MB CARE LLC	ø	170,875.	875.CONTRACT			l
(3)						1
(4)					,	
(5)						
(9)						1
732163 09-11-17	20		Schedule R (Form 990) 2017	R (Form 9	990) 20	017

INC. Schedule R (Form 990) 2017 USPIRITUS, Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(0)		6)	(6)	ε	0	9	(K)
Name, address, and EIN of entity	Primary activity	e g	Predominant income partiers sec (related, unrelated, 501(0)(3)	φ,	Share of end-of-year	Dispropor- tionate atlocations?	Ospropor Code V-UBI General or Percentage Indiate amount in box 20 managing ownership allocations?	General o managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	No income	assets	Yes No	(Form 1065)	Yes No	
									_
					<u>-</u>				
								$\frac{1}{1}$	
								_	
						·		-	
					-				
								_	
						+			
						_			
								_	
						1	Ì		
							_		
								-	
								_	
		-							
				_					
								_	
							Schedule	R (For	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 USPIRITUS, INC.	61-0471572 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to guestions on Schedule R. See instructions	
•	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:
NAME OF RELATED ORGANIZATION:	
NAME OF REDATED ORGANIZATION.	
MILE DROOM AUNITAGEMENTE THE /NO ACMITTMENT	
THE BROOKLAWN INSTITUTE, INC. (NO ACTIVITY)	
DRIVERY AGRICUM. MRETH HORVERS GERLING GUTT SPREN STAND RIVORT	0313.7 /DM113117.0D3.7
PRIMARY ACTIVITY: TRAIN WORKERS SERVING CHILDREN WITH EMOTI	ONAL/BEHAVIORAL
PROBLEMS	
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE A	S PARTNERSHIP:
NAME OF RELATED ORGANIZATION:	
MB CARE LLC	
PRIMARY ACTIVITY: CARE, TREATMENT, AND EDUCATION TO EMOTION	ALLY AND
BEHAVIORALLY TROUBLED KIDS	
	***************************************
·	
	***************************************
1	