Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Interrial Revenue Service

Do not enter social security numbers on this form as it may be made public.

→ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

<u>A F</u>	or the	2016 calendar year, or tax year beginning SEP 1, 2016 and	ending 2	AUG 31, 2017	
Во	heck if	C Name of organization		D Employer identifi	cation number
а	pplicable	INCARNATE WORD RETIREMENT			
Γ	Addres	S CONGENIUS THE			
==	Name	- MURITIFICA AM TAGADARAMO IV	מפר	71_1	109717
<u> </u>	_lchange ∃Initial				
<u> </u>	return	·	Room/suite		
L.,	Final return/	4707 BROADWAY ST		210-	829-7561
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u> 18,766,214.</u>
	Amend	SAN ANTONIO, TX 78209		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: STEVEN FULLER		for subordinates	s?
	pendin	SAME AS C ABOVE	_	H(b) Are all subordinates in	ncluded? Yes No
ī ī	ax-exe	empt status: X 501(c)(3)	or (1) 52		list (see instructions)
		e: WWW.IWRETIRE.ORG		H(c) Group exemptio	•
		organization: X Corporation Trust Association Other	I Voo		M State of legal domicile: TX
	ert I		Liea	i di lormation. 1300 r	VI State of legal domicile. 1A
Fe		Summary		100000000000000000000000000000000000000	3375
ø		Briefly describe the organization's mission or most significant activities: PROV			
Governance		SERVICE WHILE OFFERING COMPASSION, COMFOR	RT AN	D SPIRITUAL	GROWTH.
Ĕ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of moi	re than 25% of its net as	șsets
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)			14
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
တ္	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	490
ij	1	Total number of volunteers (estimate if necessary)		6	560
.≥	_	, , , , , , , , , , , , , , , , , , , ,			0.
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line: 2		<u>7a</u>	
€	b	Net unrelated business taxable income from Form 990-T line 34-CEIVED	· (C)		0.
Firevenue 2013 Activities &		<u> </u>		Prior Year	Current Year
e o ,	8	Contributions and grants (Part VIII, line 1h)	10	1 ,033,633.	1,519,702.
e E	9	Program service revenue (Part VIII, line 2g)	_]&: - Set -	16,749,599.	17,087,346.
~ Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	┚═╻ᆫ	125,830.	137,064.
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,660.	-13,634.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,884,402.	18,730,478.
EXPERSENNED		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
븱		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
É	l .	·	<u> </u>	9,190,367.	
₹8	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		i
e ii	1	Professional fundraising fees (Part IX, column (A), line 11e)	- L	99,714.	51,764.
⊕Ğ.	1	Total fundraising expenses (Part IX, column (D), line 25) 241, 3	/8.		2 11 2 22
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>7,322,949.</u>	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	<u> 16,613,030.</u>	17,498,381.
	19	Revenue less expenses. Subtract line 18 from line 12		1,271,372.	1,232,097.
580			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,140,790.	
Ass	21	Total liabilities (Part X, line 26)		1,082,465.	
E E	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	7,058,325.	8,958,745.
6	art II	Signature Block		1,030,343.	0,730,143.
					1 1 1
		lties of perjury, I declare that I have examined this return, inclading accompanying schedule			ny knowledge and belief, it is
true	<u>, correc</u>	t, and complete. Declaration of preparer (other than officer) is pased on all information of wi	hich prepar	er has any knowledge.	=1A=1Q
		allung fully			710 0
Sig	n	Signature of officer		Date	
Her	·e	STEVEN FULLER, CEO			
	-	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	4	JENNIFER SIEMER JENNIFER SIEMER		01/08/18 f self-emplo	- '
					41-0746749
	parer			Firm's EIN	41_0/40/43
USE	Only	Firm's address 9901 IH-10 WEST, SUITE 900			0 000 5000
_		SAN ANTONIO, TX 78230		Phone no. 21	0-298-7900
<u>Ma</u>	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		4.45 LUA For Banamund Reduction Act Notice see the senarate instruction			Form 990 (2016)

74-1109717 Page **3**

INCARNATE WORD RETIREMENT COMMUNITY INC

Part IV Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "'es," complete Schedule A. Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election during the tax year" If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election during the tax year" If "Yes," complete Schedule C, Part II Is the organization as eschore 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessmes similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for winch donors have the rip provide advice on the distribution or investment of amounts in such funds or accounts for winch donors have the rip provide advice on the distribution or investment of amounts in such funds or accounts for winch donors have the rip provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III Did the organization mematian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization memory and amount in Part X, line 21, for escrow or custodial account liability, serve as a custodiar amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part V Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V If the organization is answer to any of t		Yes	No
 If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments in the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments in the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D Id the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodiar amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pe endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its tot assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more			
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or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX	15	+-	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			\
	16	+-	X
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			1
	17	X	+
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII			
1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	+-
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	I		x
complete Schedule G, Part III	19	m 990	

Form 990 (2016) COMMUNITY INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20à	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Ľ	
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	L	X
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	1	Х
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		ĺ	
	Schedule J	23	Х	
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		1	
	Schedule K. If "No", go to line 25a	24a	1	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	1	х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		1
	Schedule L, Part I	25b	1	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	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ļ		
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<u> </u>
	instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the appropriation receive more than \$95,000 in non-people contributions 2 if "You " complete Cahadula M	29	х	
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	55	<u> </u>	
01	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	7.		T
ŲŽ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J_		<u></u>
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	100	 	<u> </u>
•	Part V, line 1	34	х	
352	Did the experience have a controlled entity within the manning of control \$12/b\/12\/2	35a		Х
b		35a		
	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?	000	 	
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	\vdash	T
٠,	and that is treated as a partnership for foderal income tay purposes? If "Vos." complete Schoolule P. Port VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,	 	†
∞	Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2016)
			,	,

Links the number reported in Box. 3 of Form 1096. Enter the number of Forms W20 included in time 1a. Enter 0-if not applicable Enter the number of Forms W20 included in time 1a. Enter 0-if not applicable Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gamming (gambling) with monitoring to prea withholding rules for reportable payments to vendors and reportable gamming (gambling) with any monitoring the payments of the organization of the property of the prope	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
1s. Enter the number reported in Box 3 of form 1096. Enter 0- in not applicable Enter the number of Forms W26 included in line 15, Enter 0- in not applicable O did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize with a provided to the calendar year ending with or within the year covered by the return I if a less to or a reported on line 28, did the organization file all requires of defeal employment tax returns? Note. If the sum of lines is and 2a is greater han 250, you may be required to e-life give instructions) So by the report of the search of the sea		Check is Scriedule O contains a response of note to any line in this Fact V			 -		V	
be Enter the number of Forms W2G included in the 1a. Enter 0-if not applicable 1b. 0 0 0 0 0 0 0 0 0		Enter the according Day 2 of Ferm 1006 Enter 0 of not applicable	4	1	1 0		res	NO
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wirners? 10 X 21 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 11 If all east one is reported on line 28, did the organization field all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 22 If Yes, has a filled a form 990-T for this year? If No,* to line 3b, provide an explanation in Schedule O 33 If the organization have unrelated business gross income of \$1,000 or more dumple theyear? 34 At any time duming 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, escurities account, or other financial account; or some of the foreign country. 25 If "Yes,* enter the name of the foreign country. 26 If "Yes,* to line 5 an 5b, did the organization file from 114, Report of Foreign Bank and Financial Accounts (FBAR) 27 If Yes,* to line 5 an 5b, did the organization file Form 8866. 28 If "Yes,* to line 5 an 5b, did the organization file Form 8866. 28 If "Yes,* to line 5 an 5b, did the organization file Form 8866. 29 If "Yes,* did the organization nucleus with every solicitation an express statement that such contributions or gifts were not tax deductible? 39 If "Yes,* did the organization nucleus with every solicitation an express statement that such contributions or gifts were not tax deductible? 30 If the organization receive a bouldary the dinor of the value of the pool of the pool of the pool of the pool of the such and pool of the value of the pool of the value of the pool of the value of the pool of the organization file a form 1098-07 30 If the organization receive any funds, directly or indirectly, to pay premiums on a pe	та	•						ĺ
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	h			1		2h	x	ĺ
3a	D							
b if "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule 0 4a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF) b if "Yes," enter the name of the foreign country > 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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 chantable contributions. 6a X 6b If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year pay premiums, directly, to pay premiums on a personal benefit contract? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7 Organization received a contribution of qualified intellectual property, did the organization flee form 8990 as required? 8 Organization flee year, pay premiums, directly, to pay premiums on a personal benefit contract? 9 Organization have excess business holdings	22		·,			За		x
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this process, "enter the name of the foreign country' ▶ If "Yes," enter the name of the foreign country' ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886 IT? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization noting the donor of the value of the goods or services provided? 7c If If "Yes," did the organization noting the donor of the value of the goods or services provided? 7c If If "Yes," indicate the number of Forms 8282 filed during theyear. 9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c If If the organization received an contribution of qualified intellectual property, did the organization file a Form 1998-C?? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to the form the form 1998-C?? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make a distribution to the form 1990 in lieu of Form 1041? 11 Section 501(c)(7) organizations. E				ritv over. a				
b if "Yes," enter the name of the foreign country >	74					4a		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8866-T? 6a Does the organization 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 bit If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 8 bit "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 bit If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 8 bit "Yes," did the organization include the none of the value of the goods or services provided? 7 organization service any symmetric expression of the value of the goods or services provided? 8 bit If "Yes," indicate the number of Forms 8282 filed during the year 9 bit the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 possible form 8282 filed during the year 9 personal benefit contract? 7 the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 possible form 8282 filed during the year personal benefit contract? 9 personal programizations maintaining donor advised funds. 9	h			•				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		•	11a					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			11b			1		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?		12a	Ь	ļ
a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						1		
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						<u> </u>	 	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а					13a	—	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 13c 14a X 15c 14a X 15c 15c 15c 15c 15c 15c 15c								
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1	1				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				 		-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	С		_13c	<u> </u>		+	├	+
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							┼─	 X
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ie O				000	1 (2042

Form 990 (2016)

COMMUNITY INC

74-1109717

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			X
sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75	- 22	
-	The governing body?	0-	X	
	Each committee with authority to act on behalf of the governing body?	8a	X	
		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		17
800	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.)			T
40-	Del the assessment of heart level of section because the section of		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	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		L
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	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	X	
b	,	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	<u>X</u>	L
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	L
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
-	for public inspection. Indicate how you made these available. Check all that apply		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year		J. (4)	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEVEN FULLER - 210-829-7561			
	4707 BROADWAY ST, SAN ANTONIO, TX 78209			
	I'V' SALVAMINA DI JAMI AMITONADI IM 1000			

632006 11-11-16

Part VII 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) Name and Title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			lirecto	Highest compensated snatyloge employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICK GRINNAN	1.00	_=_	=	6	3	Ξē	Œ		<u> </u>	
CHAIRMAN		Х		X				0.	0.	0
(2) LUPITA MEDINA	1.00				1					
VICE CHAIRMAN		X		X	<u> </u>			0.	0.	0
(3) CHERYL MCMULLAN	1.00							_	_	
SECRETARY		Х		X	<u> </u>			0.	0.	0
(4) DON BEELER	1.00									_
TREASURER	1 00	X	-	X	<u> </u>	l	_	0.	0.	0
(5) CHILTON MAVERICK	1.00								0	
TRUSTEE	1.00	X			-			0.	0.	0
(6) DR. DENISE DOYLE	1.00	x						0.	0.	0
TRUSTEE (7) MARY JO QUINN	1.00	^			\vdash			0.	0.	
TRUSTEE	1.00	x			ł			0.	0.	0
(8) KATHLEEN BURCH	1.00	<u> </u>								
TRUSTEE		Х						0.	0.	0
(9) DANA TERRACINA	1.00									
TRUSTEE		X						0.	0.	0
(10) SR. CINDY STACY, CCVI TRUSTEE	1.00	X						0.	0.	0
(11) SR. KATHLEEN REYNOLDS, CCVI	1.00	1							<u> </u>	
TRUSTEE		x						0.	0.	o
(12) VERNON TORGERSON	1.00									
TRUSTEE	-	X						0.	0.	0
(13) J.B. GOUGER	1.00									
TRUSTEE		X		$oxed{oxed}$	<u> </u>	$oxed{oxed}$		0.	0.	0
(14) MARY ANN GUIDO	1.00	1								
TRUSTEE		X	ļ	<u> </u>	<u> </u>		ļ	0.	0.	0
(15) SR. AUDREY O'MAHONY	1.00	<u>.</u> ۔						_	_	_
TRUSTEE	1 00	X	-	_	₩	├	_	0.	0.	0
(16) CARY FOX	1.00	↓							_	,
TRUSTEE	1 00	X		 	\vdash	-	-	0.	0.	0
(17) CAROLYN COX	1.00	x						0.	0.	0
TRUSTEE 632007 11-11-16		IV		_	_	Ь	L	<u> </u>	<u> </u>	Form 990 (201

632007 11-11-16

Form **990** (2016)

Form **990** (2016)

COMMUNITY INC

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	1 Hi	ghe	st C	ompensated Employee	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do	not ch	Posi heck i			one	Reportable	Reportable			mate	
	hours per week		, unles cer an					compensation from	compensation from related			ount o other	of
	(list any	į						the	organizations		comp		tion
	hours for	die				ted		organization	(W-2/1099-MISC)		m the	
	related	stee	ruste			beusa		(W-2/1099-MISC)			_	nızatı	
	organizations below	ual tr	bonal		ploye	t com	_					relate nizatio	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				Olyai	IIZati	OHS
(18) JESSE ADAMS	1.00	-	-										
TRUSTEE		x				-		0.	().			0.
(19) DAVID CORTEZ	1.00												
TRUSTEE		X						0.	().			0.
(20) STEVEN FULLER	40.00												
CEO				X		<u> </u>	ļ	178,169.	().	22	2,1	<u>14.</u>
(21) LINDA WILLIAMS	40.00	1										_	
ADMINISTRATOR					<u> </u>	X		100,027.	().	11	. , 0	<u>71.</u>
		_											
		 			_	1				+			
		1											
		 	-			 	┢			+			
	<u> </u>	1											
		 								\neg			
		1											
1b Sub-total							>	278,196.).	33	3,1	85.
c Total from continuation sheets to Part V	II, Section A						▶	0.).			0.
d Total (add lines 1b and 1c)							▶	278,196.).	33	<u>3,1</u>	<u>85.</u>
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 of reportable				_
compensation from the organization										-	Т	V	No
	4				1			hb		Г		Yes	NO
3 Did the organization list any former officer			е, ке	y er	npic	oyee	, or	nignest compensated e	mployee on		3		x
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si			omn	ones	ation	n an	d At	her compensation from	the organization	ŀ	3		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									trie organization		4	X	•
5 Did any person listed on line 1a receive or									dual for services	ı			
rendered to the organization? If "Yes," con								.			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors 1	that received more than	\$100,000 of comp	ensa	ation fr	om	
the organization. Report compensation for	the calendar y	/ear	endı	ng v	vith	or w	/ithi	n the organization's tax	year				
(A)								(B)		_	(C)	
Name and business								Description of s	services	C	omper	isatio	<u>n</u>
MARMON MOK ARCHITECTURE,		ST	MA	AR:	Υ .	S		ADQUITMEOM OF	DITTORG		1 77	7 7	6 F
ST #1600, SAN ANTONIO, T								ARCHITECT SE	KVICES		1/	<i>i</i> ,	<u>65.</u>
SPECTRA CONTRACT FLOORIN			mΨ	7	ຊາ	17		CORRIDOR FLO	OPING		11/	<u> </u>	00.
3660 THOUSAND OAKS, SAN	MITOMIO		IV	/ (<u> </u>	4/		CORKIDOR FLIC	ORING		111	<i>J</i> , 0	00.
	-								-				
											-		
2 Total number of independent contractors		not I	ımıte	d to		_	ste	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization 🕨					2							

COMMUNITY INC

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Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function husiness sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events 88,569. 1d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1,431,133 200,754 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 1 519 702 **Business Code** 111,553. Program Service Revenue 623000 15,028,745 14,917,192 2 a RESIDENT CARE 623000 2,026,145 2.026.145 b SISTERS CARE 623000 32,456 32,456, CONNECTIONS PROGRAM f All other program service revenue 17,087,346 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 137,064 137 064 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 88,569, of contributions reported on line 1c) See Part IV, line 18 21,835 35,736 **b** Less direct expenses c Net income or (loss) from fundraising events -13,901. 9 a Gross income from gaming activities See Part IV, line 19 а b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances h b Less. cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 623000 267 267. All other revenue e Total, Add lines 11a-11d 267 Total revenue See instructions 18,730,478 0 234 983 Form 990 (2016) Form 990 (2016) COMMUNITY INC
Part IX Statement of Functional Expenses

Do not	Check if Schedule O contains a responsinclude amounts reported on lines 6b.		(A) al expenses		(B) ram service	Ι	(C)	(D) Fundraising	
	9b, and 10b of Part VIII.	Tota	al expenses	Prog:	ram service kpenses		nagement and eral expenses	Fundraising expenses)
1 Gr	ants and other assistance to domestic organizations								
an	d domestic governments. See Part IV, line 21					<u> </u>			
2 G	rants and other assistance to domestic								
	dividuals See Part IV, line 22					ļ			
-	rants and other assistance to foreign								
	ganizations, foreign governments, and foreign					}			
	dividuals. See Part IV, lines 15 and 16							-	
	enefits paid to or for members						_	-	
	ompensation of current officers, directors,		206 000				164 064	41 0	116
	ustees, and key employees		206,080.			+	164,864.	41,2	TO
	ompensation not included above, to disqualified								
•	ersons (as defined under section 4958(f)(1)) and								
•	ersons described in section 4958(c)(3)(B)	7	478,520.	6 (088,985	1	284,815.	104,7	720
	ther salaries and wages		4/0,320.	0,1	300,303	•	, 204,015.	104,7	20
	ension plan accruals and contributions (include		244,588.		211,936		29,416.	3,2	26
	ection 401(k) and 403(b) employer contributions)		846,810.		579,181		1 53,017.	14,6	
	ther employee benefits ayroll taxes		554,417.		434,044		109,547.	10,8	326
	ees for services (non-employees)		JJE, 411.		134,044	•	105,547.	10,0	20
	lanagement								
	egal		868.		868				
	ccounting		55,000.			•	55,000.		
	bbbying						33,000		-
	rofessional fundraising services. See Part IV, line 17		51,764.					51,7	764
	vestment management fees		19,880.				19,880.	<u> </u>	
	ther (If line 11g amount exceeds 10% of line 25,								
•	olumn (A) amount, list line 11g expenses on Sch O.)								
	dvertising and promotion		239,956.		239,956				
	ffice expenses		723,576.		639,885		68,687.	15,0	004
	formation technology		33,042.		3,915		29,127.		
15 R	oyalties								
16 0	ccupancy	5,	675,364.	5,	675,364	•			
1 7 To	ravel		66,348.		66,348	•			
18 P	ayments of travel or entertainment expenses		•						
fo	or any federal, state, or local public officials								
19 C	onferences, conventions, and meetings								
20 In	terest					_			
21 P	ayments to affiliates								
22 D	epreciation, depletion, and amortization		<u>175,110.</u>		175,110	•			
2 3 I n	surance .					1			
at 24	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A)								
	rount, list line 24e expenses on Schedule O.)	1 .	127,058.	1.	127,058	_			
а <u>г</u> b	ООД		,		,	-			
С В _						1			
d _			•						
_	Il other expenses								
	otal functional expenses. Add lines 1 through 24e	17.	498,381.	15.	342,650	. 1	, 914,353.	241,3	378
	pint costs. Complete this line only if the organization			1					
	eported in column (B) joint costs from a combined								
	ducational campaign and fundraising solicitation.								
	heck here if following SOP 98-2 (ASC 958-720)								

Form 990 (2016)
Part X Balance Sheet COMMUNITY INC

aı	- /1	Check if Schedule O contains a response or note to any line in this Part	X		
•		Gridding of Contains a responde of riese to any mile in time rest	(A) Beginning of year		(B) End of year
_				 	<u>-</u>
	1	Cash · non-interest-bearing	486,723	1	<u>266,415.</u>
١	2	Savings and temporary cash investments	652,741	2	1,051,276.
- 1	3	Pledges and grants receivable, net	282,021 -	3	<u>589,641.</u>
	4	Accounts receivable, net	438,690.	4	397,398.
	5	Loans and other receivables from current and former officers, directors,			
i		trustees, key employees, and highest compensated employees Comple	ete	_	
	_	Part II of Schedule L		5	_
i	6	Loans and other receivables from other disqualified persons (as defined			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing !		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch	i L	7	
2	7	Notes and loans receivable, net	21 449	+	21,448.
`	8	Inventories for sale or use	21,448 a 9,885 a		49,187.
	9	Prepaid expenses and deferred charges	9,885	9	43,10/.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 2,739,	216		
- 1	_	4 550		40-	1,075,752.
	_	•	325,431		534,370.
	11	Investments - publicly traded securities	4,759,208		5,883,451.
ł	12	Investments - other securities. See Part IV, line 11	4,759,208		2,003,431.
	13	Investments - program-related See Part IV, line 11	5,834.	13	2,501.
	14	Intangible assets	0.	15	294,508
ļ	15	Other assets See Part IV, line 11	8,140,790		10,165,947
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	993,278		1,145,416.
	17	Accounts payable and accrued expenses	773,270	18	1,113,110.
į	18	Grants payable		19	.
	19	Deferred revenue .		20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D		21	
	21	Loans and other payables to current and former officers, directors, trus	tees	-	
Liabilities	22	key employees, highest compensated employees, and disqualified pers			
		Complete Part II of Schedule L	0113	22	
Lia	~	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24) Complete Part	X of		
		Schedule D	89,187	. 25	61,786.
	26	Total liabilities. Add lines 17 through 25	1,082,465		1,207,202.
	20		and		2/201/1200
, 0		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	5,989,913	. 27	6,865,427.
튵	28	Temporarily restricted net assets	1,068,412		2,093,318.
8	29	Permanently restricted net assets		29	
Š	25	Organizations that do not follow SFAS 117 (ASC 958), check here	>		
Ē		and complete lines 30 through 34.			
<u>ဗ</u>	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
Ä	32				
Net Assets or Fund Balances	32 33	Total net assets or fund balances	7,058,325	. 33	8,95 <u>8,745</u> .

	1 990 (2016) COMMUNITY INC	74	<u>-1109</u>	717	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·		<u> </u>		X
•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,730</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	,498	3,3	<u>81.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,232	2,0	<u>97.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,058	3,3	<u> 25.</u>
5	Net unrealized gains (losses) on investments	5		668	3,3	<u>24.</u>
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				<u>-1.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8	,958	3,7	<u>45.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>	<u>x</u>
					Yes	No
1	Accounting method used to prepare the Form 990 L Cash X Accrual Cther			1 1		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scho	edule O.		} }		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or rev	iewed on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u>X</u>	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a se	parate basis	à,	1 1		
	consolidated basis, or both					l
	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 audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?		••••	2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Schedule (O			İ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he Single Ai	ıdıt	1 1		
	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 au	ıdıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			зь	_ '	i

Form 990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

or a section ZU 16

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

van	ie or t			D RETIREMENT			1		Identification	
<u></u>	41		MUNITY INC					<u> 7</u>	<u>4-1</u> 109'	<u>717 </u>
	rt I			(All organizations must co			e instruction	s		
	organ			s: (For lines 1 through 12, o					A A	
1	닖			ition of churches described)(A) (i).			
2	닠			, (Attach Schedule E (Form					0 '	
3	닐			rganization described in se						
4	Ш		nization operated in (conjunction with a hospita	described	in section	າ 170(b)(1)(A)(ıii). Enter	the hospital's	s name,
		city, and state:								
5	Ш	An organization operated	d for the benefit of a	college or university owner	d or operat	ted by a go	overnmental i	unit describ	ed in	
		section 170(b)(1)(A)(iv).	. (Complete Part II.)							
6	Щ	A federal, state, or local	government or gover	nmental unit described in	section 17	^{70(b)(1)(A)(}	(v).			
7	Ш	An organization that nori	mally receives a subs	stantial part of its support t	irom a gov	ernmental	unit or from t	he general	public descr	ibed in
		section 170(b)(1)(A)(vi).	(Complete Part II)							
8	닏	A community trust descri	ribed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research	organization describe	ed in section 170(b)(1)(A)(ix) operate	ed in conjui	nction with a	land-grant	college	
		or university or a non-lan	d-grant college of ag	riculture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or	
		university								
10	X	An organization that nor	mally receives. (1) mo	ore than 33 1/3% of its sur	port from	contributio	ns, member	ship fees, a	nd gross rec	eipts from
		activities related to its ex	cempt functions - sub	ject to certain exceptions,	and (2) no	more than	n 33 1/3% of	its support	from gross i	nvestment
		income and unrelated bu	usiness taxable incor	ne (less section 511 tax) fr	om busine	sses acqui	ired by the o	rganızation	after June 30	0, 1975.
		See section 509(a)(2). (0	Complete Part III.)							
11		An organization organize	ed and operated excl	usively to test for public sa	fety. See :	section 50	9(a)(4).			
12	\Box	An organization organize	ed and operated excl	usively for the benefit of, to	perform t	the functio	ns of, or to c	arry out the	purposes of	f one or
		more publicly supported	organizations descri	bed in section 509(a)(1) o	r section (509(a)(2). S	See section	509(a)(3) . C	heck the bo	x ın
		lines 12a through 12d th	at describes the type	e of supporting organization	n and com	plete lines	12e, 12f, an	d 12g.		
а	L.		rganization operated	l, supervised, or controlled	by its sup	ported org	anızatıon(s),	typically by	giving	
		the supported organization	ation(s) the power to	regularly appoint or elect	a majority	of the direc	ctors or trust	ees of the s	upporting	
		organization You mus	st complete Part IV,	Sections A and B.						
b	L.	Type II. A supporting of	organization supervis	sed or controlled in connec	tion with it	s supporte	ed organization	on(s), by ha	ving	
		control or managemen	nt of the supporting o	rganization vested in the s	ame perso	ons that co	ntrol or mana	age the sup	ported	
		organization(s) You m	nust complete Part I	V, Sections A and C.						
C	L_		ntegrated. A suppor	ting organization operated	ın connec	tion with, a	and functiona	ılly ıntegrate	ed with,	
		_ its supported organiza	ition(s) (see instructio	ons). You must complete	Part IV, Se	ections A,	D, and E.			
d	l		ally integrated. A su	pporting organization oper	rated in co	nnection w	vith its suppo	rted organi	zation(s)	
		that is not functionally	integrated. The orga	ınızatıon generally must sa	tisfy a dist	ribution red	quirement an	d an attent	iveness	
		requirement (see instri	uctions) You must o	complete Part IV, Section	s A and D,	and Part	V.			
е	· L_		-	a written determination fro			ι Type I, Type	II, Type III		
		functionally integrated	, or Type III non-func	tionally integrated support	ing organi	zation.				
		er the number of supporte	-				•		L	
g		vide the following information			1 (iv) is the oroz	anization listed	(-) Amount -	f	(.4) A	A - C - Al
	,	 i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1.10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amoun support (see	
				above (see instructions))_	Yes	No			оаррон (300	
					 					
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Tate		· · · · · · · · · · · · · · · · · · ·			 		 			

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014(d) 2015(e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (c) 2014 (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016/If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization/qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2016

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY INC

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

500	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II)								
		() 0040	#1.0040	4 3 004 4	1,0015						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not	620 274	220 056	201 516							
	ınclude any "unusual grants ")	638,374.	339,056.	321,516.	1,033,633.	1,519,702.	3,852,281.				
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,089,491,	14,718,153,	15,803,936.	16,748,433,	17,087,346.	78, 44 7,359,				
3	Gross receipts from activities that			1							
	are not an unrelated trade or bus-										
	iness under section 513	85,484.	98,372.	84,730.	7,335.	21,835.	297,756.				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	14,813,349,	15,155,581,	16,210,182,	17,789,401,	18,628,883,	82,597,396,				
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons	10,980.	5,000.	5,000.	21,800.	5,350.	48,130.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		•				0.				
С	Add lines 7a and 7b	10,980.	5,000.	5,000.	21,800.	5,350.	48,130.				
	Public support. (Subtract line 7c from line 6)						82,549,266,				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Amounts from line 6	14,813,349.	15,155,581,	16,210,182.	17,789,401.						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,975.	,			18,628,883.	82,597,396. 557,189.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	91,975.	90,954.	105,704.	131,492.	137,064.	557,189.				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	-9,545.	-10,292.	13,735.	1,166.	267.	-4,669.				
13	Total support. (Add lines 9, 10c, 11, and 12)	14,895,779,	15,236,243,	1	17,922,059,	18,766,214,	83,149,916.				
	First five years. If the Form 990 is for					• •					
-	check this box and stop here	5		. , ,,	. ===		· •				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	· · · · · · · · · · · · · · · · · · ·							
	15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 99.28 %										
16				JOIGHT (1))		16	99.33 %				
	16 Public support percentage from 2015 Schedule A, Part III, line 15 16 99.33 % Section D. Computation of Investment Income Percentage										
	17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) 17 .67 %										
	CA										
18											
	19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
b	33 1/3% support tests - 2015. If the	_					_				
	line 18 is not more than 33 1/3%, che					-					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and_see ins	tructions	_				

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.)

r		Yes	No_
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	_3c		
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	4b		<u> </u>
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	9a	 	
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	9c_		
	10a	-	
	10b	1	

1 Has the organization accepted a gift or contribution from any of the following persons? a A Person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) a for (b) above? If "res" to a, b, or c, provide detail in Part VI. 11b. 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or frustees at all mise during the tax year? If "No," describe in Part VI how the supported organization of directors or frustees at all mise during the tax year." If "No," describe in Part VI how the supported organization of derivary operated, supervised, or controlled the ciganization's activities. If the organization of derivary operated, supervised, or controlled the ciganization's activities. If the organization of the frust or the power to supported organization's activities. If the organization of the frust or the power to supported organization of the frust or the power to give a supported organization of the frust or the power to give a supported organization of the frust or the power to give a supported organization of the frust or the power to give a supported organization of the supported organization of the supported organization of the supported organization of the supported organizations. 1 Were a migesty of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's provided organizations or the supported organizations or the supported organizations or the supported organizations or the supported organization organization organizations. 1 Were a migesty of the Firm Boll organization organiz	Sche	edule A (Form 990 or 990 EZ) 2016 COMMUNITY INC	<u>74-110971</u>	<u>7 Pa</u>	age 5
11 Nas the organization accepted a gift or contribution from any of the following persons? A person with dereity or indexerity controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 5 A family member of a person described in (a) or (b) above? (f. "Yes" to a, b, or c, provide detail in Part V. 11b	Pa	Irt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons desorated in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) to (b) above? c A 35% controlled entity of a person described in (a) to (b) above? c A 35% controlled entity of a person described in (a) to (b) above? 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulately appoint or elect at least a majority of the organization's directors or trustees at all times during the sax year? If "No," describe in Part V I how the supported organization's directors or trustees at all times during the sax year? If "No," describe how the powers to appoint and/or remove directors or trustees at all times during the supported organization's activate when the organization's directors or trustees are allocated and any supported organization, describe how the powers to appoint and/or remove directors or trustees allong in the supported organization, describe how the powers to appoint and/or remove directors or trustees allong the sax year. 1 Did the organization's activate and or the upoposes of the supported organization, of the supporting organization and what conditions or restrictions, if any, applied to such powers during the sax year and the supported organization and the supported organization of the supported organization and provides and the supporting organization. Section C. Type II Supporting Organizations Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to accordance and the supported organization and the supported organization and the supported organization and the supported organi				Yes	No
below, the governing body of a supported organization? 1.1			!		1
b A Ramily member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert VI. 10 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI in own the supported organization of the organization and activities of the organization activities of the organization and more than one supported organization, describe how the power to appoint and/or more directors of trustees are all times during the controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operated for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization of the tenth organization operated, supervised, or controlled the supporting organization? Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 950 that was most recently field as of the date of notification, and (ii) copies of the organization's powering Occurrents in effect on the date of notification, to the extent not previously provided organization's provided organization's provided organization or the powering body of a supported organization to, the extent not previously provided organization's supported organization's supported organization's supported organization's supported organization's supported organization's sup	а				
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY INC			74-1109717 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	Nov. 20, 1970 (explain ır	Part VI) See instructions. All
other Type III non-functionally integrated supporting organizations must	complete Sec	ctions A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ſ		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	, }		}
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	. 8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1 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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting o	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

	dule A (Form 990 or 990-EZ) 2016 COMMUNITY INC			4-1109717 Page 7
Par	t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity		<u> </u>	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<u> </u>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) , Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions		1.51	
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С_	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions	1		
6	Remaining underdistributions for 2016. Subtract lines 3h			<u> </u>
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013	-		
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	(Form 990 or 990-EZ) 2016 COMMUNITY INC
· art vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V,
•	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information.
	(See instructions)
-	
	•
	•
	•
	,

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INCARNATE WORD RETIREMENT

Employer identification number

COMMUNITY INC 74-1109717 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	dule D (Form 990) 2016 COMMUNI							74-11		
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Oth	er Simil			
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following tha	t are a s	ignificant	use of its	collection i	tems
•	(check all that apply):									
а	Public exhibition	ď	յ Լլւ	oan or exc	hange progra	ams				
b	Scholarly research	•	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er sımıla	r assets		_	_
_	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	n answered	"Yes" or	ı Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for o	contribution	s or other as	sets no	included			
	on Form 990, Part X?	_	•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
	•	•							Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liab	lity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided on	Part XII	<u> </u>			
Par	t V Endowment Funds. Complete	if the organization ai	nswered	"Yes" on Fo	rm 990, Parl	t IV, line	10.			
		(a) Current year	(b) Pi	nor year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities		j							
	and programs									
f	Administrative expenses		ļ							
9	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cui	rent year end balan	ce (line 1ç	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3а	Are there endowment funds not in the poss	ession of the organiz	zation tha	t are held a	ind administe	ered for	the organ	ızatıon	_	
	by.									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz				ı				3b	
4	Describe in Part XIII the intended uses of the		owment f	unds	 					
Par	t VI Land, Buildings, and Equip									
	Complete if the organization answere									
	Description of property	(a) Cost or basis (invest		1 -7	or other (other)	\ ·-,	Accumulate preciation	I	(d) Book	value
1a	Land									
b	Buildings									
c	Leasehold improvements				6,465.		762,7			,701.
d	Equipment				3,468.		758,6			,780.
e	Other			16	<u> 19,283.</u>		142,0	12.		<u>,271.</u>
<u>Total</u>	. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	t X, colun	nn (B), line	10c)				<u>1,075</u>	<u>,752.</u>

$\alpha \sim 100$	YTINU	TATC
(1) MINI	11/01 1 11/14	1 1/1

Part VII Investments - Other Securities.	<u></u>		/ 3	-IIUJIII Faye
Complete if the organization answered "Yes" or	n Form 990 Part IV lin	ne 11h See Form 990 Dort	X line 12	
(a) Description of security or category (including name of security)	(b) Book value			J-of-year market value
	(D) 2001 Talao	(o)strict or valuat		2. your marrier value
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other (A) CCVI LEGACY FUND	805,460	• END-OF-YEAD	о муркец	VAT.IIE
	3,232,642			
(B) RESERVE FUND	3,232,642 843			
(C) LAND	1,372,063			
(D) CCVI SISTERS CARE				
(E) SWIMMING POOL FUND	472,443	END-OF-IEA	K MARKET	VALUE
(G)				
(H)	E 002 /E1			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,883,451	. •		
Part VIII Investments - Program Related.	5 000 D 1 N/ I	44 0 5 000 5 4	V 1 40	
Complete if the organization answered "Yes" o (a) Description of investment	on Form 990, Part IV, III (b) Book value			d-of-year market value
	(b) Book value	(C) Well lod of Valua	don. Cost of end	Poryear market value
(1)				
(2)	·		.	
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		ne 11d See Form 990, Part	X, line 15	(b) Book value
	Pescription			(b) Book value
(1)				
(2)				
(3)				
	<u> </u>			
(5)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	15)			<u> </u>
	5 000 B 104 I	44 - 446 0 - 5 00	0 D- 4 V 1 0	_
Complete if the organization answered "Yes" of	on Form 990, Part IV, II		U, Part X, line 2:	<u> </u>
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		2 500		
(2) RESIDENT SECURITY DEPOSITS	<u> </u>	3,500.		
(3) DEFERRED LEASE INCENTIVE		58,286.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	61,786.		

^{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.

	INCARNATE WORD RETIREMENT				
	dule D (Form 990) 2016 COMMUNITY INC			1109717	_Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe r R	eturn	l .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
ì	Total revenue, gains, and other support per audited financial statements		1	19,434	<u>.538.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains (losses) on investments	2a 668,324.			
b	Donated services and use of facilities	2b			
С	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIII.)		_	660	204
е	Add lines 2a through 2d		2e	10 766	<u>,324.</u>
3	Subtract line 2e from line 1		3	18,766	<u>.414.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a -35,736.			
b	Other (Describe in Part XIII) Add lines 4a and 4b	46 -33,730.	1 40	_35	736.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		4c	18,730	<u>.730.</u> .478.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per			<u>, 4 / 0 .</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total expenses and losses per audited financial statements		1	17,534	117.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	••		1,,331	<u>, , .</u>
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	1		
c	Other losses	2c	1		
d	Other (Describe in Part XIII.)	2d	1		
e	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	17,534	,117.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	-35,736.]		
С	Add lines 4a and 4b		4c	-35	,736.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	17,498	<u>,381.</u>
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		4; Part	X, line 2, Part X	XI,
PA	RT X, LINE 2:				
TH:	E RETIREMENT COMMUNITY IS ORGANIZED AS A T	TEXAS NONPROFIT C	ORP	ORATION	AND
HA	S BEEN RECOGNIZED BY THE INTERNAL REVENUE	SERVICE (IRS) AS	EX	EMPT FRO	MC
<u>FE</u>	DERAL INCOME TAXES UNDER SECTION 501(A) OF	THE INTERNAL RE	VEN	UE CODE	AS
<u>AN</u>	ORGANIZATION DESCRIBED IN SECTION 501(C)((3), QUALIFIES FC	R T	HE	
CH	ARITABLE CONTRIBUTION DEDUCTION UNDER SECT	TIONS 170(B)(1)(A	L) (V	I) AND	
<u>(V</u>	III), AND HAS BEEN DETERMINED NOT TO BE A	PRIVATE FOUNDATI	ON	UNDER	
SE	CTIONS 509(A)(1) AND (3), RESPECTIVELY. TH	HE RETIREMENT COM	MUN	ITY IS	
<u>AN</u>	NUALLY REQUIRED TO FILE A RETURN OF ORGANI	ZATION EXEMPT FR	OM	INCOME '	TAX
<u>(</u> F	ORM 990) WITH THE IRS. IN ADDITION, THE RE	TIREMENT COMMUNI	TY	MAY BE	
	BJECT TO INCOME TAX ON NET INCOME THAT IS				

ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. MANAGEMENT

Part XIII Supplemental Information (continued)
DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS
NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T)
WITH THE IRS. THE RETIREMENT COMMUNITY HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. THE RETIREMENT COMMUNITY WOULD RECOGNIZE FUTURE
ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED. THE RETIREMENT COMMUNITY'S FORM 990, RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR
THREE YEARS AFTER IT IS FILED.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

INCARNATE WORD RETTREMENT

Employer identification number

	TY INC	_			74-1109	717
Part I Fundraising Activities required to complete this pa	S. Complete if the organization answirt	ered "Y	es" oı	n Form 990, Part IV, I		
 1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by th 	e X Solicità f Solicità g X Specia or oral agreement with any individua Part VII) or entity in connection with inviduals or entities (fundraisers) purs	ation of ation of al fundra al (includ profess	non-g gover using ding o ional f	overnment grants rnment grants events fficers, directors, true fundraising services?	stees, orX_Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NDERWOOD & ASSOCIATES -		Yes	No			
1835 CARMEL MOUNTAIN RD, SAN	CAPITAL CAMPAIGN		X	1,146,480,	51,665.	1,094,815,
		 				
	,		·			
Fotal			> _	1,146,480.	51,665.	1,094,815,
3 List all states in which the organizat or licensing.	ion is registered or licensed to solici	t contrib	ution		d it is exempt from re	
rx	<u></u>					
						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

Pa		plete if the organization answered as and gross income on Form 990		rt IV, line 18, or reported	
٠	Of Idificialsing event contribution	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
e l		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	110,404.			110,404.
	2 Less: Contributions	88,569.			88,569.
	3 Gross income (line 1 minus line 2)	21,835.			21,835.
	4 Cash prizes				
S	5 Noncash prizes				
xpense	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	25,622.			25,622.
Δ	8 Entertainment	800.			800.
	9 Other direct expenses	9,314.	l		9,314.
	10 Direct expense summary Add lines			·	35,736.
<u> </u>	11 Net income summary Subtract line	10 from line 3, column (d)	000 D-+11/1 10		-13,901.
<u> </u>		anization answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
	\$15,000 on Form 990-EZ, line 6	a	(h) Pull tabe/instant	<u> </u>	(d) Total gaming (add
ne		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			Jungo, progradente dunga		(u) an ought con (u))
8	4 Cross revenue				
	1 Gross revenue		-		··
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses		}		
_	3 Carlot Cardot expenses	Yes %	Yes %	Yes %	6
	6 Volunteer labor	□ No	No	□ No	
	7 Direct expense summary Add lines	2 through 5 in column (d)			
	8 Net gaming income summary Subt	ract line 7 from line 1, column (d)		_	
		j.			
9	.,				
	a Is the organization licensed to conduct b If "No," explain:	gaming activities in each of these	states?	···· ··· ·	Yes No
10:	a Were any of the organization's gaming l	censes revoked, suspended, or t	erminated during the tax	year?	Yes No
	b If "Yes," explain			· · · · · · · · · · · · · · · · · · ·	
					
	092 00-12-18			Cabadula C /F	orm 990 or 990-F7) 2016

Schedule G (Form 990 or 990 EZ) 2016 COMMUNITY INC	<u>74-1109717 Page 3</u>
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 formed	d
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
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 garning/special events books and re	
Name ▶	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	mount
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	
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	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), at 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nd Part III, lines 9, 9b, 10b, 15b,
COMEDITE O DADE I TIME OF TEM OF MEN LITCURGE DATE FINE	DATCEDC.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISERS:
(I) NAME OF FUNDRAISER: UNDERWOOD & ASSOCIATES	
(I) ADDRESS OF FUNDRAISER: 11835 CARMEL MOUNTAIN RD, SAN D	IEGO, CA 92128
PART I, LINE 2B, COLUMN (V):	
	CONCIL MANIE
THE RETIREMENT COMMUNITY ENGAGED UNDERWOOD & ASSOCIATES AS	
FOR THE CAPITAL CAMPAIGN DRIVE WHICH BEGAN IN THE FISCAL Y 8/31/16.	EAR ENDING
	lule G (Form 990 or 990-EZ) 2016

INCARNATE WORD RETIREMENT Schedule G (Form 990 or 990-EZ) COMMUNITY Part IV Supplemental Information (continued) COMMUNITY INC 74-1109717 Page 4

Schedule G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. INCARNATE WORD RETIREMENT COMMUNITY INC

Employer identification number

74-1109717

19. 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 1 a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Housing allowance or residence for personal use First-class or charter travel			Yes	No	
First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use	e		ĺ
Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rembursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 Organization or a related organization Organization		Travel for companions Payments for business use of personal residence	e		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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 Compensation committee		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
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b Any related organization? 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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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)?		•			.
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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а		1	 	
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 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9	b	•	00	 -	┼^-
not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	_				
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	7		,		v
Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	_			-	┼^
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	8		ء ا		v
Regulations section 53 4958-6(c)?	_		8	+	+^
riogulations section as rose (a)	9				
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Page 2

INCARNATE WORD RETIREMENT

COMMUNITY INC

Schedule J (Form 990) 2016

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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	plgi	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Senence	(a)-(i)(a)	reported as deferred on prior Form 990
(1) STEVEN PULLER	Θ	178,169.	0	0	9,202.	12,912.	200,28	
	(ii)	0	0	0	0.	0.	0.	0
	(i)							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
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				•			Sched	Schedule J (Form 990) 2016

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. INCARNATE WORD RETIREMENT COMMUNITY INC Part III Supplemental Information Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

2016

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open To Public Inspection

Name of the organization

INCARNATE WORD RETIREMENT COMMUNITY INC

Employer identification number 74-1109717

Types of Property Part I (a) (b) (d) (c) Noncash contribution Check if Number of Method of determining amounts reported on applicable contributions or noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 X 200,754.FAIR MARKET VALUE 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 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 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 b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2016)

describe in Part II

Schedule M (Form 990) (2016) COMMUNITY INC	74-1109717	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information	3, and whether the organization	ation
SCHEDULE M, PART I, COLUMN (B):		
THE ORGANIZATION RECEIVED DONATED STOCK FROM ONE CONTRIB	UTOR.	
	·	
		
		·
		
		 _
		•
632142 08-23-16	Schedule M (Form	990) (2016

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

INCARNATE WORD RETIREMENT COMMUNITY INC

Employer identification number 74-1109717

FORM 990, PART VI, SECTION A, LINE 1:

SECTION 4.8.2(B) OF THE BYLAWS GIVES THE BOARD OF TRUSTEES THE AUTHORITY TO DESIGNATE AN EXECUTIVE COMMITTEE. TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF TRUSTEES, EXCEPT WHERE ACTION OF THE BOARD IS REQUIRED BY THE STATUTE OR BY THE CERTIFICATE OF FORMATION, AND SHALL HAVE THE POWER TO AUTHORIZE THE SEAL, IF ANY, OF THE CORPORATION TO BE AFFIXED TO ALL PAPERS WHICH MAY REQUIRE IT.

FORM 990, PART VI, SECTION A, LINE 6:

ARTICLE 3.1 NAMES THE CONGREGATION OF THE SISTERS OF THE CHARITY OF THE INCARNATE WORD, SAN ANTONIO, AS THE SOLE MEMBER OF THE CORPORATION.

SECTION A, LINE 7A: PART VI.

THE BOARD SHALL BE COMPRISED OF AT LEAST 9 AND NOT MORE THAN 21 TRUSTESS AS TRUSTEES ON THE BOARD SHALL BE ALLOCATED AS 70% DETERMINED BY THE MEMBER. FROM A POOL OF CANDIDATES CHOSEN BY THE BOARD AND THE BALANCE APPOINTED BY THE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBER HAS DELEGATED THE POWER BY ARTICLE 3.2.2 TO THE GENERAL COUNCIL THE SPECIFIC POWERS ARE (1) APPOINT, REMOVE OR CHANGE THE OF THE MEMBER. NUMBER OF TRUSTEES ON BOARD OF TRUSTEES, (2) APPOINT & REMOVE THE CHAIRMAN OF THE BOARD AND OR THE EXECUTIVE DIRECTOR (CEO) OF THE CORPORATION

(3) APPROVE INCURRENCE OF NON-ROUTINE DEBT (4) APPROVE CAPITAL EXPENDITURES GREATER THAN \$500,000 (5) AMEND OR RESTATE THE ARTICLES OR BYLAWS OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

CORPORATION (6) AUTHORIZE ANY SALE OF THE CORPORATION OR ACQUISITION BY THE CORPORATION AND (7) APPROVE A CHANGE IN MISSION. BEYOND THESE POWERS, THE BOARD OF TRUSTEES (AND/OR THE EXECUTIVE COMMITTEE) IS CHARGED WITH THE GOVERNANCE OF THE CORPORATION.

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

THE CEO AND BUSINESS MANAGER REVIEW THE 990 PIOR TO FILING.

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

ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE, VENDOR OR VOLUNTEER WITH A

POTENTIAL CONFLICT SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY

RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THEY ARE INVOLVED THAT

THEY BELIEVE COULD CONTRIBUTE TO A CONFLICT OF INTEREST. THESE ARE

SUBMITTED TO THE CHAIRMAN OF THE BOARD WHO IS CHARGED WITH RESOLVING ANY

CONFLICT.

GENERAL GUIDELINES FOR SALARY AND WAGE INCREASES ARE RECOMMENDED BY

MANAGEMENT EACH YEAR DURING THE BUDGETING PROCESS AND REVIEWED BY THE

FINANCE COMMITTEE AND BOARD OF TRUSTEES. A NATIONAL SALARY AND BENEFITS

SURVEY, ALONG WITH REGIONAL AND LOCAL SURVEYS ARE UTILIZED FOR

COMPARABILITY DATA TO BUDGET AN OVERALL PAY INCREASE PARAMETER. THE

MANAGEMENT TEAM THEN WORKS WITHIN THIS PARAMETER WHEN CONDUCTING ANNUAL

EMPLOYEE EVALUATIONS AND ANNUAL MERIT INCREASES WHICH TYPICALLY RANGE FROM

3% TO 5%. ALL EMPLOYEES ARE EVALUATED BY THEIR DIRECT SUPERVISOR,

DEPARTMENT HEAD, OR EXECUTIVE DIRECTOR, DEPENDING ON THEIR CLASSIFICATION.

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF TRUSTEES ANNUALLY,

FOLLOWING THE SAME PARAMETERS.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization INCARNATE WORD RETIREMENT	Employer identification number
COMMUNITY INC	<u> 74-1109717</u>
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO CEO.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-1.
KOONDING	
FORM 990 PART XII	
THERE HAVE BEEN NO CHANGES TO THE PROCESS FOR THE CURRENT	r Fiscal Year.
·	
<u>'</u>	
i	

Schedule R (Form 990) 2016 (g) Section 512(b)(13) S Open to Public Inspection Employer identification number OMB No 1545-0047 × controlled 2016 entity? Direct controlling Yes 74-1109717 entity 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 $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets status (if section **e** Public charity 501(c)(3)) 509(A)(3) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990 Total Income Related Organizations and Unrelated Partnerships Exempt Code € section 501(C)(3) ত্ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. TEXAS EDUCATION, HEALTH, AND Primary activity Primary activity SOCIAL MINISTRIES WORD RETIREMENT For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC CONGREG SRS CHARITY THE INCARNATE WORD INCARNATE COMMUNITY Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 78209 Name of the organization SAN ANTONIO, TX Department of the Treasury Internal Revenue Service 4503 BROADWAY SCHEDULE R (Form 990) Part II Part

INCARNATE WORD RETIREMENT COMMUNITY INC

Schedule R (Form 990) 2016

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.

Page 2

74-1109717

	,	,			-			-			-		
(a)	(2)	<u> </u>		9		E			£	€		_	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year		Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule		al or Perc	General or Percentage managing ownership
		country)		sections 5	512-514)		3		Yes No	K-1 (Form 10	165) Yes No	2	
		.,											
												_	
	,												
Part IV 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	ganizations Taxable a	as a Corpo	vation or Trust. Co	omplete if the	e organization	answered "Y	res" on Forr	n 990, Part	IV, line 34	because it ha	ad one or	more re	elated
(a)			(g)	(2)	(D)		(e)	£		(6)	Ē		9
Name, address, and EIN of related organization	Zi ç	Prim	Primary activity	Legal domicile (state or foreign	Direct controlling entity		Type of entity (C corp, S corp, or trust)	Share of total income		Share of end-of-year assets	Percentage ownership		
				country)					į			Yes	<u>8</u>
												+	-
									-			-	
•													
										_			
•												-	_
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INCARNATE WORD RETIREMENT COMMUNITY INC

74-1109717 Page 3

Yes

Schedule R (Form 990) 2016

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

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

1 Dunno the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	In Parts II·IV?			
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	<u>.</u>			1a	×	
b Gift, grant, or capital contribution to related organization(s)	•			4	×	
c Gift, grant, or capital contribution from related organization(s)				1c X		
d Loans or loan guarantees to or for related organization(s)				1	×	
e Loans or toan guarantees by related organization(s)				1e	×	
Oividends from related organization(s)				*	*	
יייייייייייייייייייייייייייייייייייייי				-	(:	
g Sale of assets to related organization(s)				19	*	
h Purchase of assets from related organization(s)				÷	×	
i Exchange of assets with related organization(s)				;=	×	
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)				1k X		
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			ᄩ	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n	×	
 Sharing of paid employees with related organization(s) 				9	×	
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 				d pt	×	
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 				÷ 5	××	
i i	who must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1) CONGREG SRS CHARITY OF THE INCARNATE WORD	υ	29,942	942.FAIR MARKET VALUE			
(2) CONGREG SRS CHARITY OF THE INCARNATE WORD	M	3,201,056.FAIR	FAIR MARKET VALUE			
(3) CONGREG SRS CHARITY OF THE INCARNATE WORD	Ø	3,315,414.FAIR	FAIR MARKET VALUE			
(4)	:					
(5)				į		
(9)						
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INCARNATE WORD RETIREMENT COMMUNITY INC

Schedule R (Form 990) 2016 COMMUNITY I

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.

(h) (i) (j) (k) Disproportability Code V-UBI General or Percentage allocations? amount in box 20 managing ownership Area No (Form 1065) Yes No						
Disproper- Donate allocations of Schedul Yes No (Form 10)						
(g) Share of end-of-year assets			,			
Atrail Share of 501(c)(3) total ongs?		-				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)				,		
(b) Primary activity						
(a) Name, address, and EIN of entity						

INCARNATE WORD RETIREMENT COMMUNITY INC 74-1109717 Page 5 Schedule R (Form 990) 2016 Part·VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2016