** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number MARILLAC ST VINCENT FAMILY SERVICES INC Address change D/B/A MARILLAC SOCIAL CENTER Name change ST. VINCENT DE PAUL CENTER 36-2109717 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated PO BOX 14699 (773)722-7440 City or town, state or province, country, and ZIP or foreign postal code 16,496,689. **G** Gross receipts \$ Amended return 60614-8521 CHICAGO, IL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PETER BEALE-DELVECCHIO for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► MARILLACSTVINCENT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1946 M State of legal domicile: IL ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: MARILLAC ST. VINCENT FAMILY **Activities & Governance** SERVICES STRENGTHENS, EMPOWERS AND GIVES VOICE TO THOSE IN NEED if the organization discontinued its operations or disposed of more than 25% of its net assets. 34 3 Number of voting members of the governing body (Part VI, line 1a) 3 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 317 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 654 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0. 7h **Current Year Prior Year** 5,481,748. 8,914,799. 5,133,644. Contributions and grants (Part VIII, line 1h) 8 10,028,921. Program service revenue (Part VIII, line 2g) 271,222. 401,976. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,055,267. 710,874. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 15,723,036. 16,275,415. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 62,627. 25,791. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,735,565. 10,222,940. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 68,040. 62,940. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,070,870. 3,177,207. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,932,002. 13,493,978. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,791,034. 2,781,437. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 14,612,769. 17,137,786. 20 Total assets (Part X, line 16) 1,495,361. 1,642,500. 21 Total liabilities (Part X, line 26) 三年 12,970,269. 15,642,425 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KAREN KANE, Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 05/01/19 self-employed P01506476 LU ANN TRAPP LU ANN TRAPP Paid Firm's name PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 Preparer Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR Use Only Phone no. (312) 207-1040CHICAGO, IL 60606 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: |
| | MARILLAC ST. VINCENT FAMILY SERVICES STRENGTHENS, EMPOWERS AND GIVES |
| | VOICE TO THOSE IN NEED - IN THE VINCENTIAN SPIRIT OF SERVICE - THROUGH |
| | EDUCATION AND COMPREHENSIVE PROGRAMS TO BUILD VIBRANT COMMUNITIES IN |
| | CHICAGO. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$\frac{7,610,479.}{\text{ including grants of \$}}\$ including grants of \$ \frac{8,720.}{}\$) (Revenue \$ \frac{7,157,508.}{}\$) |
| | THE MARILLAC ST. VINCENT FAMILY SERVICES (MSVFS) EARLY CHILDHOOD |
| | PROGRAM SUPPORTS OVER 440 AT RISK CHILDREN FROM PRIMARILY LOW INCOME |
| | HOUSEHOLDS. THESE SERVICES ARE PROVIDED TO CHILDREN FROM THE AGES 6 |
| | WEEKS TO FIVE YEARS OLD AND OFFERED AT TWO SITES LOCATED ON THE NORTH |
| | AND WEST SIDES OF CHICAGO. THE PROGRAMS ARE ACCREDITED BY THE NATIONAL |
| | ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC) AND INCLUDE |
| | WRAP AROUND FAMILY SUPPORT SERVICES SUCH AS: FAMILY ENGAGEMENT |
| | ACTIVITIES, DEVELOPMENTAL ASSESSMENTS, ART THERAPY, CASE MANAGEMENT, |
| | HEARING, VISION AND DENTAL SCREENINGS, PARENT GROUPS, INDIVIDUAL AND |
| | FAMILY COUNSELING AND EXTERNAL REFERRALS. IN THE SPRING OF 2018, 94% OF |
| | CHILDREN BOUND FOR KINDERGARTEN MET OR EXCEEDED EXPECTATIONS. IN THE 7 |
| | DEVELOPMENTAL DOMAINS, SOCIAL-EMOTIONAL-93% MET OR EXCEEDED, GROSS |
| 4b | (Code:) (Expenses \$ 3,217,517. including grants of \$ 9,557.) (Revenue \$ 2,402,012.) |
| | MSVFS YOUTH SERVICES SUPPORTS OVER 500 CHILDREN, TEENS AND YOUNG ADULTS |
| | THROUGH SCHOOL AGE, HOPE JR. AND PROJECT HOPE PROGRAMS. |
| | - THE SCHOOL AGE PROGRAM INCLUDES BEFORE/AFTER SCHOOL SERVICES AND FULL |
| | DAY SUMMER CAMP FOR APPROXIMATELY 300 AT RISK CHILDREN FROM PRIMARILY |
| | LOW INCOME HOUSEHOLDS. THE PROGRAM IS LOCATED ON THE NORTH AND WEST SIDES OF CHICAGO, AND PROVIDES ENRICHMENT ACTIVITIES AND OPPORTUNITIES |
| | TO INCREASE SELF-ESTEEM IN 5-12 YEAR OLD CHILDREN. THE CHILDREN AND |
| | FAMILIES PARTICIPATE IN ACADEMIC, AND STEM ACTIVITIES, AND SOCIAL, |
| | EMOTIONAL AND PHYSICAL HEALTH OPPORTUNITIES. FAMILY SUPPORT SERVICES |
| | ARE AVAILABLE INCLUDING INDIVIDUAL, GROUP AND FAMILY COUNSELING. |
| | - THE HOPE JUNIOR PROGRAM INCLUDES OUT-OF-SCHOOL SERVICES AND FULL DAY |
| | SUMMER CAMP FOR 90 CHILDREN LIVING IN POVERTY 5-13 YEARS OLD AND 50 |
| 4c | (Code:) (Expenses \$1, 217, 025 . including grants of \$7, 513 .) (Revenue \$469, 401 .) |
| | THE MSVFS COMMUNITY OUTREACH PROGRAM SERVES INDIVIDUALS AND FAMILIES |
| | WITHIN THE GREATER CHICAGO COMMUNITY WHO ARE SEEKING TO INCREASE THEIR |
| | SELF-SUFFICIENCY AND STABILITY THROUGH ENGAGING IN SUPPORT SERVICES. |
| | DURING FY 2018, 8,766 CLIENTS WERE SERVED AND CLIENT VISITS TOTALED |
| | 17,428. SUPPORT SERVICES INCLUDE LIAISONS TO PUBLIC BENEFITS AND |
| | HOUSING, COMPUTER ACCESS, JOB READINESS COACHING, CONNECTION TO |
| | EDUCATIONAL OPPORTUNITIES, AND LEGAL SERVICES, AND A FOCUS ON FOOD |
| | INSECURITY. THE CLIENT CHOICE FOOD PANTRIES SERVED 16,188 INDIVIDUALS |
| | FROM 4,158 HOUSEHOLDS. THE WEST SIDE LOCATION IS ONE OF THE LARGEST IN |
| | THE CHICAGO AREA. OUR SENIOR OFFERINGS INCLUDE A SELF-NEGLECT |
| | (INTENSIVE CASE MANAGEMENT ADVOCACY) SENIOR COMPANION PROGRAM, AND TAKE |
| | CHARGE AND HOMEBOUND PROGRAMS. IN FY18, 284 SENIORS WERE SERVED AND 92% |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$ |
| 4e | Total program service expenses ► 12,045,021. |
| | Form 990 (2017) |

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| 20a DV the organization operate one or more hospital facilities? If "Yes," complete Schedule II 20b II "Yes" to 10e 28a, dit the organization artistan copy of its autified framcial statements to this return? 21 DV the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV the organization around "Yes" to Dart IVI, Section A, Irine 3 and III DV the organization around "Yes" to Part IVI, Section A, Irine 3 and III DV the organization around "Yes" to Part IVI, Section A, Irine 3 and III DV the organization around "Yes" to Part IVI, Section A, Irine 3 and III DV the organization around "Yes" to Part IVI, Section A, Irine 3 and III DV the organization around "Yes" to Part IVI, Section A, Irine 3 and IVI DV the organization around "Yes" to Part IVI, Section A, Irine 3 and IVI DV the organization around "Yes" to Part IVI, Section A, Irine 3 and IVI DV the organization around "Yes" to Part IVI, Section A, Irine 3 and IVI DV the organization around "Yes" to Part IVI DV the organization around the Ivi DV the organization around the Ivi DV the organization around the Ivi DV the Ivi DV the Organization around the Ivi DV the Organization are around the Ivi DV the Organization around the Ivi DV the Organization organization are access benefit transaction with a disqualified person of unity the yeal" If "Yes," complete Schedule I, Part I DV the Organization are proported an any Ivi Organization are proported and year of the Organization proported and year of the Organization Proported and year of the Organization Proported Schedule I, Part IV IVI Type, "Complete Schedule I, Part IV IVI Type," Complete Schedule I, Part IV IVI Type, "Complete Schedule I, Part IV IVI Type, "Complete Schedule I, Part IV IVI Type, " | | | | Yes | No |
|--|-----|--|-----|-----|-----------|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part XL, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 IN Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part XL, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part XL, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 24 Did the organization nave 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 seved after December 31, 2002? If "Yes," answer lines 22th trough 24th and complete Schedule K. If "No", pot faire 25a 25a Section 90 (E/S), 30 (E/E), and 501 (E/S) organizations beyond a temporary period exception? 26 Did the organization act as an "on behalf of" issuer for bonds culstanding at any time during the year? 25a Section 501 (E/S), 301 (E/E), and 501 (E/S) organizations. Did the organization engage in an excess benefit transaction with a disqualified person ouring the year? 27 In the organization aware that I engaged in an excess benefit transaction with a disqualified person ouring the year? 28 West organization provide a grant or other assistance to an officer, director, fusites, key employees, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, key employees, substantial contribution 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 I, Part IV instructions for applicability in green decidence, further or person person or person to the resistance to an officer, director, trustee, or lay employees, substantial contributions of an employee the | 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | _X_ |
| adomestic government on Part IX, column (A), line 17 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, line 28 if Yes,* complete Schedule I | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 22 Note 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, Part I and III Part I Part I Part I III Part I Part I Part I III Part I Part I Part I Part I III Part I | 21 | | | | |
| Part IX, column IA), line 27 if "Yes," complete Schedule I, Parts I and III 20 Of the organization on server "Yes" to Part IVI, Section A, line 3, 4, cf 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and 10 of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I'No", go to line 25e 24a | | | 21 | | <u>X</u> |
| Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II they year, that vas issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25e Schedule L. If "No"; go to line 25e Sched | 22 | | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete Schedule J 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? # "Yes," answer lines 248 through 24d and complete Schedule K if "No", go to line 25s b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Section 501(28), 501(24), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 4 b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? #*1"ves," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, pridest compensated employees, or disqualified persons? #*Yes," complete Schedule L, Part II 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 a current or former officer, director, trustee, or key employees, prides Schedule L, Part IV b A family member of a current or former officer, director, trustee, | | | 22 | X | |
| Schedule J. 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 240 through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds are san 'on behalf off' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware the It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with the other reported on any of the organization's prior Forms 990 or 990-E27 (If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27c Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, trustee, or key employee | 23 | | | | |
| 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," anawer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angein in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Did the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 27b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b 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 27c Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28d Did the organization serve more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization have a controlled entity within the meaning | | | | 77 | |
| stad day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete \$24b\$ b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourser or former offerers, directors, trustees, key employees, highest compensated employees, or disqualfied persons"? If "yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any oursert or former offerer, director, trustee, expended employees, or disqualfied persons"? If "yes," complete Schedule L, Part IV Instruction or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any or these persons? If "Yes," complete Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions or the selection of the director, trustee, or key employee? If "Yes," complete Schedul | • | | 23 | Λ | |
| Schedule K. If 1/10*, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year 7 42dd 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25a X 25b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 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 IV 28 Was the organization and part you be business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization or contributions of any trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization enter of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of an't, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule | 24a | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 'I "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? 'I "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 'If "Yes," complete Schedule L, Part II 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d X b A family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, of director, trustee, or key employee? (or a family member of a current pro | | | 040 | | v |
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| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I | C | , , , | 240 | | |
| 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 | А | | | | |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZP If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 Did the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line I 33 Did the organization have a controlled entity within the meaning of section \$12(b)(137) If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity withi | | | 270 | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "yes," complete Schedule L, Part II 26 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization will now an interplace of the schedule R, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, III, III, III, III, III, III | 200 | | 25a | | х |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 ff "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ff "Yes," complete Schedule L, Part II 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? ff "Yes," complete Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? ff "Yes," complete Schedule L, Part IV 28 | h | | 200 | | |
| Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes' to line 35a, did the organization receive any payment from or engage in any trans | - | | | | |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? "If "Yes," and 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 at the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28b X and entity of which a current or former officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28b X and entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? "If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? "If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? "If "Yes," complete Schedule M 30 X 30 X 30 Did the organization enable, exchange, dispose of, or transfer more than 25% of its net assets? "If "Yes," complete Schedule M 29 X 30 Did the organization enable during the section of the organization enable and that its reated as a partners of the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, line 2 30 Did the organization co | | , , , | 25b | | Х |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 35 Did the organization | 26 | , | | | |
| 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 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a | | | | | |
| 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or ordirect or indirect owner? If "Yes," complete Schedule L, Part IV 28b | | complete Schedule L. Part II | 26 | | Х |
| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule | 27 | | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sull, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. 32 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Pid the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or feve or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II 31 Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 X 35 Did the organization ocnduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note. All Form 990 filers are required to complete Schedule O | | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _X_ |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer. 28b Jid the organization receive contriblet ensures, or other similar assets, or qualified conservation 29c Jack Jack Jack Jack Jack Jack Jack Jac | 28 | | | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are requi | | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II 31 X 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required | | | 28a | | - |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28 | b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u> X</u> |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Section 501c()(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | С | | | | |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 | | | | | <u>X</u> |
| contributions? If "Yes," complete Schedule M 30 | | • | 29 | X | |
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| 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 Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | | | 30 | | |
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| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 | 33 | | 32 | | |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b | 33 | | 33 | | x |
| Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a X 35a X 35a X 35a X 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 34 | | | | |
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| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 35a | | | | Х |
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| 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 36 | | | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Note. All Form 990 filers are required to complete Schedule O 38 X | | | 36 | | X |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 37 | | | | |
| Note. All Form 990 filers are required to complete Schedule O | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | | Note. All Form 990 filers are required to complete Schedule O | 38 | | |

36-2109717

Part V Statements Regarding Other IRS Filings and Tax Compliance

| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b | | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | |
|--|--|--|---------------|----------------------|-----|-----|----------|--|--|--|
| Enter the number of Forms W.2G included in line 1a. Enter o'. If not applicable 1st 0 Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. Titled for the called repayment with or with the ventor of the provided | | | | | | Yes | No | | | |
| Country in the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminling) winnings to prize winners? 1 Either the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flet of the calendar year ending with or within the year covered by this return. 1 If all each or is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3 If the organization have unrelated business gross income of \$1,000 or more during the year? 3 a | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 17 | | | | | | |
| Gambling winnings to prize winners? 2 Eriter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led of the calendar year ending with or within the year covered by this return 3 It least one is reported on line 2a, did the organization file all required foedeal employment tax returns? 3 It is a least one is reported on line 2a, did the organization file all required foedeal employment tax returns? 3 It is less one is reported on line 2a, did the organization file all required to e-life (see instructions) 3 It is less one is reported on line 2a, did the organization file all required to e-life (see instructions) 4 If Yes, I are it till de a form 990 Tor this year? "I "No, * for its 82, your yoursel are application in Schedule O 5 If Yes, and the did a form 990 Tor this year? "I "No, * for its 82, yoursel are application in Schedule O 6 If Yes, and the organization and the organization that are an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, and the organization and the organization that a was or is a party to a prohibited tax shelter transaction? 5 If Yes, and the organization that was or is a party to a prohibited tax shelter transaction? 5 If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the 3888-17 5 If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and scharable contributions and partly for poods and services provided to the paper. 5 If Yes, and the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 1906. 8 If Yes, and the organization receive a payment in excess of \$75 made partly as a contribution and part | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | |
| 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 returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to a-file (see instructions) If the organization have unrelated business gross income of \$1,000 or more during the year? So by the "Yes," this if field a Form 990-1 for this year? If "No," to file 3b, provide an explanation in Schedule O. If "Yes," a first if field a Form 990-1 for this year? If "No," to file 3b, provide an explanation in Schedule O. If "Yes," the set in the anne of the foreign country, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account); see instructions for filing requirements for finiteDH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country, see the set in the security of | С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | | | | |
| filed for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e_nip Gee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If Yes, "and it filed a form 950 or Tor this year" if "how," to fine 8b, your owned are replanation in Schedule 0 5c If Yes," and it filed a form 950 or tor this year "how, to fine 8b, your owned are replanation in Schedule 0 5c If Yes," enter the name of the foreign country; because the standard process of the organization have an interest in, or a signature or other authority over, a financial accountly and the standard process of the standard process of the organization have an interest in, or a signature or other authority over, a financial accountly in the standard process of the standard process of the organization have an interest in, or a signature or other authority over, a financial accountly in the standard process of the standard pro | | (gambling) winnings to prize winners? | | | 1c | Х | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Bid the organization have unrelated business gross income of \$1,000 or more during the year? 31 Bid Yes, ¹has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 32 Bid Yes, ¹has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 33 Bid At any time during the calendary year, did the organization have unrelated to, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 34 At any time the name of the foreign country. ► 35 Was the organization a party to a prohibited tax shelter transaction? 36 Use as the organization a party to a prohibited tax shelter transaction? 37 Bid Was the organization and party to a prohibited tax shelter transaction? 38 Did any taxebe party notify the organization that it was or is a party to a prohibited tax shelter transaction? 39 Did was the organization and party to a prohibited tax shelter transaction? 30 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 30 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 30 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 30 Did the organization selle, exchange, or otherwise dispose of tangible personal percept for which it was required? 31 Did the organization selle, exchange, or otherwise dispose of tangible personal percept for which it was required? 32 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 32 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contr | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a | | filed for the calendar year ending with or within the year covered by this return | 2a | 317 | | | | | | |
| 3a X X X X X X X X X | b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | X | | | | |
| b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country. ► 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Usid 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 that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did 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 that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did 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 that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that was required to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170cl. 8 by If "Yes," indicate the number of Forms 8282 filed during the year 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 8 borsoring organization received an contribution of qualified intellectual property, did the organization file Form 1998 creation 1998 cre | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 was the organization of the foreign country. So was the organization fave tax shelter transaction at any time during the tax year? 5 was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5 of 1'Yes, 't oli ne 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 of 1'Yes, 't oli ne 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 of 1'Yes, 't oli ne 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 of 1'Yes, 't oli ne 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 of 1'Yes, 't oli the so are not tax deductible as charitable contributions? 6 of 1'Yes, 't oli due 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). 8 of 1'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization received a contribution of class, boats, airplanes, or other vehicles, did the organization fle organization seceived a contribution of class, boats, airplanes, or other vehicles, did the organization fle organization make at a contribution of class, boats, airplanes, or other vehicles, did the organizat | 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | _X_ | | | |
| francial account, in a foreign country (such as a bank account, securities account, or other financial account)? b fryes,* enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions a party to a prohibited tax sheller transaction at any time during the tax year? 5a | b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | O | | 3b | | | | | |
| b if "Yes," either the name of the foreign country: | 4a | | | | | | | | | |
| 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 I**Yes,** to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Destruction organization and 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? 6c Variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Variety of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Variety of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Variety of the organization or services of the variety of the organization or services provided? 7d United the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tille Form 8282? 7d If "Yes,* indicate the number of Forms 8282 filed during the year 6 Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C? 7h If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 7d Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have access business holdings at any time during the year? 9 Sponsoring organization hav | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | |
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| 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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | | 1 | | 12a | | | | | |
| 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 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b | | | 12b | | | | | | | |
| 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 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 | | | | | 40- | | | | | |
| 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 | • | | | 138 | | | | | |
| 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 | L | | | | | | | | | |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | D | | 126 | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 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 | | | 100 | | 14a | | X | | | |
| | | | | | | | | | | |
| | | | , 0 | | _ | 990 | (2017) | | | |

Form 990 (2017)

D/B/A MARILLAC SOCIAL CENTER

36-2109717

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 34 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 31 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MAUREEN MILNER - (312) 278-4205 2145 N. HALSTED STREET, CHICAGO, 60614

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 (Ď), (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.

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

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

| Week | (A) Name and Title | (B) Average hours per | (do box | not c | (C Posi heck i | ition | l than (s both | one n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--|--------------------------------------|--|------------|-------|----------------------|-------|-----------------------|-------------|--------------------------------------|------------------------------------|---|
| CHAIR AND CEO (09/2017-04/2018) | | (list any hours for related organizations below line) | | | | | | | the organization | organizations | compensation from the organization and related |
| VICE-CHAIR | | | Х | | Х | | | | 47,645. | 0. | 284. |
| SECRETARY | , | | ~ | | 4 | | | | 0 | 0 | 0 |
| SECRETARY | | | Λ | | Λ | | | | 0. | 0. | <u></u> |
| TREASURER | | | х | | х | | | | 0. | 0. | 0. |
| S MICHAEL BOYER | (4) PETER J. DEBERGE | 1.50 | | | | | | | | | |
| MEMBER 0.25 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| Column C | , . , | | | | | | | | | | |
| MEMBER | | | X | | | | | | 0. | 0. | 0. |
| The stand of the stand of the standard of th | | | | | | | | | | 0 | |
| MEMBER 0.25 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | | Λ | | | | | | 0. | 0. | U• |
| ROB CHRISTOPHER 39.00 X 21,088. 0. 284. | | | x | | | | | | 0. | 0. | 0. |
| MEMBER & INTERIM CDO (9/2017-5/2018) 1.00 X 21,088. 0.284. (9) RON CIELAK 1.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | | 25 | | | | | | • | 0. | <u>·</u> |
| MEMBER | MEMBER & INTERIM CDO (9/2017-5/2018) | | Х | | | | | | 21,088. | 0. | 284. |
| Table Tabl | (9) RON CIELAK | | | | | | | | | | |
| MEMBER 0.25 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | MEMBER | | Х | | | | | | 0. | 0. | 0. |
| 1.50 MEMBER 1.50 MEMBE | (10) DAVID COONEY | | | | | | | | | | |
| MEMBER 0.25 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | MEMBER | | Х | | | | | | 0. | 0. | 0. |
| MEMBER | (11) KEVIN CURETON | | | | | | | | | _ | _ |
| MEMBER 0.25 X 0.0.0.0.0. (13) KIM EKWEMOHA 1.50 X 0.0.0.0.0. MEMBER 0.25 X 0.0.0.0.0. (14) LAWRENCE FIRANEK 1.50 X 0.0.0.0.0. MEMBER 0.25 X 0.0.0.0.0. (15) KATHERINE GEANT 1.50 X 0.0.0.0.0. MEMBER 0.25 X 0.0.0.0.0.0. (16) DANIEL HERMANN 1.50 X 0.0.0.0.0.0. MEMBER 0.25 X 0.0.0.0.0.0.0.0. (17) JOANN KUNKEL 1.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | | X | | | | | | 0. | 0. | 0. |
| MEMBER | | | | | | | | | | • | |
| MEMBER 0.25 X 0.0.0.0. (14) LAWRENCE FIRANEK 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (15) KATHERINE GEANT 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (16) DANIEL HERMANN 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (17) JOANN KUNKEL 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. | | | X | | | | | | 0. | 0. | 0. |
| (14) LAWRENCE FIRANEK 1.50 MEMBER 0.25 X 0.0.0.0. (15) KATHERINE GEANT 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (16) DANIEL HERMANN 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (17) JOANN KUNKEL 1.50 0.0.0.0. MEMBER 0.25 X 0.0.0.0. | | | v | | | | | | | 0 | _ |
| MEMBER 0.25 X 0.0.0.0. (15) KATHERINE GEANT 1.50 X 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (16) DANIEL HERMANN 1.50 X 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (17) JOANN KUNKEL 1.50 X 0.0.0.0. MEMBER 0.25 X 0.0.0.0. | | | Λ | | | | | | 0. | 0. | |
| MEMBER 1.50 0. 0. 0. 0. 0. 0. 0. 0. | | | v | | | | | | 0 | 0 | ٥ ا |
| MEMBER 0.25 X 0.0.0.0. (16) DANIEL HERMANN 1.50 X 0.0.0.0. MEMBER 0.25 X 0.0.0.0. (17) JOANN KUNKEL 1.50 X 0.0.0.0. MEMBER 0.25 X 0.0.0.0. | | | | | | | | | • | • | |
| (16) DANIEL HERMANN 1.50 MEMBER 0.25 (17) JOANN KUNKEL 1.50 MEMBER 0.25 X 0.00 0.00 | | | х | | | | | | 0. | 0. | 0. |
| MEMBER 0.25 X 0.0.0.0. (17) JOANN KUNKEL 1.50 X 0.0.0. MEMBER 0.25 X 0.0.0. | | | | | | | | | | 3. | |
| (17) JOANN KUNKEL 1.50 MEMBER 0.25 X 0. 0. 0. | MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | (17) JOANN KUNKEL | 1.50 | | | | | | | | | |
| 732007 11-28-17 Form 990 (2017) | MEMBER | 0.25 | X | | | | | | 0. | 0. | |

732007 11-28-17

Form **990** (2017)

<u> Page</u> **7**

| Form 990 (2017) D/B/A MAF | RILLAC S | SOC | CIA | L | CE | TK | 'ER | } | 36-2109 | 9717 | P | age 8 |
|---|------------------|--------------------------------------|-----------------------|------------------|--------------|---------------------------------|----------|---------------------------------------|--------------------|----------|---------|----------|
| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | oloy | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | (C | | | | (D) | (E) | | (F) | |
| Name and title | Average | Position (do not check more than one | | | | | | Reportable | Reportable | E | stimate | ed |
| | hours per | | | neck r ss per | | | | compensation | compensation | a | mount | of |
| | week | offi | cer ar | nd a di | irecto | r/trus | tee) | from | from related | | other | |
| | (list any | ctor | | | | | | the | organizations | con | npensa | tion |
| | hours for | dire | | | | 8 | | organization | (W-2/1099-MISC) | f | rom th | е |
| | related | tee o | stee | | | nsat | | (W-2/1099-MISC) | | org | ganizat | ion |
| | organizations | trus | la tr | | yee | l mc | | | | ar | d relat | ed |
| | below | Individual trustee or director | Institutional trustee | La | Key employee | Highest compensated employee | er | | | org | anizati | ons |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | | | |
| (18) BRENDAN MALONE | 1.50 | | | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0 . | , | | 0. |
| (19) LAWRENCE P. MARSHALL | 1.50 | | | | | | | _ | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0 . | | | 0. |
| (20) BRIGID MATTINGLY | 1.50 | | | | | | | | | + | | |
| MEMBER | 0.25 | х | | | | | | 0. | 0 . | | | 0. |
| (21) KAITLIN MEYER | 1.50 | 22 | | | | | | | 0 (| + | | <u> </u> |
| | 0.25 | Х | | | | | | 0. | 0 . | | | Λ |
| MEMBER | | Λ | | | | _ | | 0. | 0 . | <u> </u> | | 0. |
| (22) THOMAS MEYERS | 1.50 | ļ | | | | | | | • | | | • |
| MEMBER | 0.25 | Х | | | | | | 0. | 0 . | · | | 0. |
| (23) EILEEN MITCHELL | 1.50 | | | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0 . | | | 0. |
| (24) MYLYNDA MOORE | 1.50 | | | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0 . | . | | 0. |
| (25) ABDUR NIMERI | 1.50 | | | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0 . | . | | 0. |
| (26) LYNDE O'BRIEN | 1.50 | | | | | | | | | | | |
| MEMBER | 0.25 | х | | | | | | 0. | 0 . | | | 0. |
| | | | | | | | | 68,733. | 0. | | 5 | 68. |
| 1b Sub-total | 0 | | | | | | | 436,971. | 0. | | 8,3 | |
| c Total from continuation sheets to Part VII | | | | | | | | 505,704. | 0. | | 8,9 | |
| d Total (add lines 1b and 1c) | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | 0,9 | <u> </u> |
| 2 Total number of individuals (including but no | ot limited to th | ose | liste | ed ab | ove | e) wh | o re | eceived more than \$100,0 | 000 of reportable | | | 2 |
| compensation from the organization | | | | | | | | | | | | 3 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, or tru | uste | e, ke | y en | nplo | yee, | or l | highest compensated em | nployee on | | | |
| line 1a? If "Yes," complete Schedule J for so | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | m of reportabl | e cc | mpe | ensa | tion | and | oth | ner compensation from th | ne organization | | | |
| and related organizations greater than \$150 | ,000? If "Yes, | " co | mpl | ete S | Sche | edule | J f | or such individual | | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | |
| rendered to the organization? If "Yes." com | | | | | | | | | | 5 | | х |
| Section B. Independent Contractors | DICIC OCITCOUIC | <i>50</i> / | 0/ 50 | <u> </u> | 2013 | 011 | | | | | | |
| Complete this table for your five highest cor | mnensated ind | lene | nde | nt cc | ntra | acto | rs th | nat received more than \$ | 100 000 of compens | ation fr | om | |
| the organization. Report compensation for t | | | | | | | | | | ation ii | 0111 | |
| | ne calendar ye | Jai C | i iuii | ig w | iti i C | JI VVI | | (B) | | | C) | |
| (A) Name and business address NONE | | | | | | | | Description of se | ervices | Compe | | n |
| Traine and business | | 11/ |)IVI | <u> </u> | | | - | Boompaidir or or | 51 11000 | Compo | riodilo | |
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\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2017)

Form 990

| | MARILLAC S | SOC | !IA | L | CE | TN | ER | | 36-210 | 9717 |
|--|---------------------|-------------------------------|----------------------|---------|--------------|------------------------------|--------|---------------------|----------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, | Trustees, Key Er | nplo | yee | s, a | nd F | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | 1 | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | J. | | | | Highest compensated employee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | (list any hours for | direct | | | | d em p | | (W-2/1099-MISC) | (44-2/1099-141190) | organization |
| | related | e 0r (| stee | | | nsateo | | (***2/1099*****100) | | and related |
| | organizations | ndividual trustee or director | nstitutional trustee | | yee | эшы | | | | organizations |
| | below | idual | tution | ia. | Key employee | est co | ıer | | | · · |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (27) KEN W. O'KEEFE | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (28) JOHN M. RABA | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (29) AARON STOUT | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (30) SR. JOANNE VASA, D.C. | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (31) MICHAEL VITEK | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (32) MATTHEW P. WALSH, II | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (33) CEDRIC WILLIAMS | 1.50 | | | | | | | | | |
| MEMBER | 0.25 | Х | | | | | | 0. | 0. | 0. |
| (34) PETER BEALE-DELVECCHIO | 39.00 | | | | | | | _ | _ | _ |
| MEMBER AND CEO (BEG. 04/2018) | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (35) ANTHONY CHIMERA | 39.00 | | | | | | | | | |
| CEO (10/2016-09/2017) | 1.00 | | | Х | | | | 176,568. | 0. | 7,852. |
| (36) KAREN KANE | 39.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 1.00 | | | Х | | | | 134,991. | 0. | 14,072. |
| (37) MAUREEN HALLAGAN | 39.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | 1.00 | | | Х | | | | 125,412. | 0. | 6,418. |
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| | | I | L | L | L | L | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 436,971. | | 28,342. |
| Total to Part VII, Section A, line 10 | | | | | | | | 430,371. | | 20,542 |

Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any line | e in this Part VIII | | | |
|--|------|---|----------------------|---------------------|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ပ္ ပ | 1 a | Federated campaigns | 1a | | | | | |
| an | | Membership dues | | | | | | |
| Q E | | Fundraising events | | 631,817. | | | | |
| ifts ar A | | d Related organizations | | 724,300. | | | | |
| s, mik | | Government grants (contribution | | | | | | |
| Sig | | All other contributions, gifts, grant | | | | | | |
| ber | | similar amounts not included abov | 1 1 | 3,777,527. | | | | |
| i di | ç | Noncash contributions included in lines 1 | a-1f: \$ | 315,531. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Total. Add lines 1a-1f | | | 5,133,644. | | | |
| | | | | Business Code | | | | |
| ø | 2 8 | GOVERNMENT CONTRACTS | | 624410 | 9,248,487. | 9,248,487. | | |
| Program Service Revenue | k | PROGRAM SERVICE FEES | | 624410 | 760,784. | 760,784. | | |
| Sel | | AFTER SCHOOL MATTERS | | 624410 | 19,650. | 19,650. | | |
| am | c | <u> </u> | | | | | | |
| og. B | • | • | | | | | | |
| P | f | All other program service rever | nue | | | | | |
| | ç | Total. Add lines 2a-2f | | | 10,028,921. | | | |
| | 3 | Investment income (including of | dividends, intere | est, and | | | | |
| | | other similar amounts) | | | 401,976. | | | 401,976. |
| | 4 | Income from investment of tax | oroceeds > | | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 557,992. | | | | | |
| | k | Less: rental expenses | 0. | | | | | |
| | C | Rental income or (loss) | 557,992. | | | | | |
| | C | Net rental income or (loss) | | | 557,992. | | | 557,992. |
| | 7 8 | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | k | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | · | | | | |
| nue | 8 8 | Gross income from fundraising including \$ 631, | , | | | | | |
| eve | | contributions reported on line | | | | | | |
| Ä | | Part IV, line 18 | | 261,249. | | | | |
| Other Reven | k | Less: direct expenses | | 206,160. | | | | |
| 0 | (| Net income or (loss) from fund | raising events | | 55,089. | | | 55,089. |
| | | a Gross income from gaming act | | | | | | |
| | | Part IV, line 19 | a | 14,250. | | | | |
| | k | Less: direct expenses | | 15,114. | | | | |
| | c | Net income or (loss) from gami | ng activities | | -864. | | | -864. |
| | 10 a | a Gross sales of inventory, less r | eturns | | | | | |
| | | and allowances | a | 66,926. | | | | |
| | k | Less: cost of goods sold | b | 0. | | | | |
| ļ | C | Net income or (loss) from sales | of inventory | | 66,926. | | | 66,926. |
| ļ | | Miscellaneous Revenue |) | Business Code | | | | |
| | 11 a | MISCELLANEOUS | | 900999 | 31,731. | | | 31,731. |
| | k | · | | | | | | |
| | C | | | | | | | |
| | | d All other revenue | | | | | | |
| | 6 | Total. Add lines 11a-11d | | | 31,731. | | | |
| | 12 | Total revenue. See instructions. | | | 16,275,415. | 10,028,921. | 0. | 1,112,850. |

Part IX | Statement of Functional Expenses

| | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons | se or note to any line in | this Part IX | | |
|-------|--|------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | 05 501 | 05 501 | | |
| | individuals. See Part IV, line 22 | 25,791. | 25,791. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 538,833. | 136,358. | 343,979. | 58,496 |
| 6 | trustees, and key employees | 330,033. | 130,330. | 343,373. | 30,430 |
| O | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| 7 | Other salaries and wages | 8,166,232. | 7,600,088. | 245,594. | 320,550 |
| 8 | Pension plan accruals and contributions (include | 0/100/2021 | 7,000,000 | 213,3310 | 320,330 |
| Ü | section 401(k) and 403(b) employer contributions) | -244,044. | -231,826. | -1,623. | -10.595 |
| 9 | Other employee benefits | 1,159,176. | 1,079,016. | 16,327. | -10,595 63,833 |
| 10 | Payroll taxes | 602,743. | 524,467. | 50,906. | 27,370 |
| 11 | Fees for services (non-employees): | 00=7.200 | 02272070 | 00,000 | |
| а | Management | | | | |
| b | | | | | |
| c | | 63,200. | 59,092. | 1,200. | 2,908 |
| d | Lobbying | · | • | | • |
| е | | 68,040. | | | 68,040 |
| f | Investment management fees | 5,559. | 5,559. | | |
| g | | | | | |
| _ | column (A) amount, list line 11g expenses on Sch O.) | 147,274. | 97,546. | 35,602. | 14,126 |
| 12 | Advertising and promotion | 13,549. | | 1,262. | 12,287 |
| 13 | Office expenses | 173,468. | 130,244. | 3,112. | 40,112 |
| 14 | Information technology | 106,093. | 89,392. | 1,817. | 14,884 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,235,011. | 1,182,774. | 22,035. | 30,202 |
| 17 | Travel | 59,993. | 56,578. | 466. | 2,949 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 25,335. | 20,397. | 2,538. | 2,400 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 443,774. | 415,640. | 8,215. | 19,919 |
| 23 | Insurance | 114,157. | 110,695. | 1,145. | 2,317 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | DIEMARY PROCESS CURRY TE | 470,957. | 469,049. | 1,706. | 202 |
| b | DDOGDAM GUDDI IIG | 260,771. | 245,264. | 14,429. | 1,078 |
| С | BANKING & CREDIT CARD S | 24,973. | 5,805. | 117. | 19,051 |
| d | MISSION SERVICES EXPENS | 8,874. | 8,260. | 208. | 406 |
| е | All other expenses | 24,219. | 14,832. | 5,109. | 4,278 |
| 25 | Total functional expenses. Add lines 1 through 24e | 13,493,978. | 12,045,021. | 754,144. | 694,813 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2017)

Form 990 (2017)

Part X | Balance Sheet

| Part X | Balance Sheet | |
|--|--|---------------------------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | |
| | | (A) (B) Beginning of year End of year |
| 1 | Cash - non-interest-bearing | 247,114. 1 201,453 |
| 2 | | |
| 3 | | |
| 4 | | ***** |
| 5 | | |
| | trustees, key employees, and highest compensated employees. Complete | |
| | Part II of Schedule L | 5 |
| 6 | | |
| | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | |
| . | employees' beneficiary organizations (see instr). Complete Part II of Sch L | 6 |
| Assets 6 | | |
| 8 Ass | | |
| 9 | | 16 700 10 71 |
| | Prepaid expenses and deterred charges a Land, buildings, and equipment: cost or other | 10/1301 3 13/11 |
| " | basis. Complete Part VI of Schedule D10a | 23. |
| | | 59. 5,293,169. 10c 5,107,464 |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | , | |
| 15 | J | |
| 16 | ······································ | 14 610 860 18 128 80 |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |
| 21 | | |
| 00 | , , , | |
| ies Lies | key employees, highest compensated employees, and disqualified persons | |
| Liabilities | Complete Part II of Schedule L | |
| 멸 23 | | 00 |
| 24 | | ***** |
| 25 | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X or | |
| | Schedule D | 600 001 601 446 |
| 26 | | 1,642,500. 26 1,495,362 |
| | Organizations that follow SFAS 117 (ASC 958), check here ▶ X a | |
| ,, | complete lines 27 through 29, and lines 33 and 34. | |
| ğ 27 | Unrestricted net assets | 11,638,731. 27 13,830,885 |
| 흍 28 | | |
| <u>m</u> 29 | | |
| <u> </u> | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | |
| ~ | and complete lines 30 through 34. | |
| ई 30 | Capital stock or trust principal, or current funds | 30 |
| 8 31 | | |
| Net Assets or Fund Balances 22 23 30 31 35 33 33 33 33 33 33 33 33 33 33 33 33 | | |
| ž 33 | | 12,970,269. 33 15,642,425 |
| 34 | | 14 610 560 15 105 50 |

Form **990** (2017)

| MARILI | JAC | S.I. | ΛTL | ICENT. | r F | 7MTT7 | SERVICES | TMC |
|--------|-----|------|--------------|--------|-----|-------|----------|-----|
| D/B/A | MAF | TITS | AC | SOCTA | ۱Τ, | CENTI | ₹R | |

| 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> | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 5,4 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 3,9 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 1,4 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | | 69. |
| 5 | Net unrealized gains (losses) on investments | 5 | | <u>-10</u> | 9,2 | <u>81.</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 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 15, | 642 | 2,4 | <u>25.</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> | | | |
| | | | - | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | | |
| 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 reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X 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 | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | | |
| | Act and OMB Circular A-133? | | | За | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |
| | | | | Form | 990 | (2017) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

MARILLAC ST VINCENT FAMILY SERVICES INC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization D/B/A MARILLAC SOCIAL CENTER 36-2109717 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

36-2109717 Page 2

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

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

| Calendar year (or fiscal year beginning in) | |
|--|--|
| 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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | al l |
| and 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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from urrelated business activities, whether or not the business is regularly carried on | <u>61.</u> |
| or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | |
| The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | |
| the organization without charge 4 Total. Add lines 1 through 3 | |
| 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 61. |
| by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Tot 4333489 . 2837325 . 7299585 . 5174373 . 5186889 . 248316 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 46506 201809 201809 | |
| column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 46506 201809 201809 | |
| Section B. Total Support Subtract line 5 from line 4. Section B. Total Support | 73. |
| Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 4333489 2837325 7299585 5174373 5186889 248316 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 1 | |
| Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 61. |
| 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 | <u>• - •</u> |
| securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on | |
| and income from similar sources | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 70 |
| activities, whether or not the business is regularly carried on | 70. |
| business is regularly carried on | |
| | |
| Other income. Do not include gain | |
| | |
| or loss from the sale of capital assets (Explain in Part VI.) 39,408. 52,098. 108,102. 368,561. 31,731. 599,9 | 0.0 |
| 000064 | 31 |
| 24 505 3 | |
| | 03. |
| 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 | <u>, </u> |
| | |
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A. Part II. line 14 16 70.01 17 73.71 | <u>%</u> |
| | <u>%</u> |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | ₹ |
| | X |
| b 33 1/3% support test - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | • |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 | ·Щ |
| 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 | · |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | slow, please comp | Diete Fait II.) | | | | |
|----------|--|-------------------|-----------------|--------------|----------|-----------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | (=,) = = : = | (-, | X=7 = | (, | (5/== | (-, |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | 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 | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | Ü | , , | , , | • | (/ (/) | · — |
| <u> </u> | check this box and stop here | a Cump and Da | | | | | > |
| | ction C. Computation of Publi | | | | | 1 1 | |
| | Public support percentage for 2017 (li | | | | | 15 | <u>%</u> |
| | Public support percentage from 2016 ction D. Computation of Inves | | | | | 16 | % |
| | • | | | 10 1 (0) | | 11 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % 7 is not |
| 198 | a 33 1/3% support tests - 2017. If the | | | | | | ▶ □ |
| ŀ | more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the | = | - | | | | |
| • | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | | | | |

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.)

| | Yes | No |
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| Pa | T IV Supporting Organizations (continued) | | | |
|---------|--|----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| _ | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | | | L |
| | and the state of t | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | 110 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| <u></u> | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | • | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b c | The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | | | |
| 2 | Activities Test. Answer (a) and (b) below. | ructions | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 103 | 140 |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | a. | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | i l | I |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organ | izations | |
|------|--|----------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on l | Nov. 20, 1970 (explain in F | Part VI.) See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must c | omplete Sec | ctions A through E. | |
| Sect | tion 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 | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _ 7 | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | 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 | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by .035 | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | ed Type III supporting orga | nization (see |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

| Par | ¹t V │ Type III Non-Functionally Integrated 50 | 9(a)(3) Supporting Orga | nizations (continued) | |
|--------------|---|--------------------------------|--------------------------------|----------------------------------|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | 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. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | • | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2017 | Distributable Amount for 2017 |
| _1_ | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| _3_ | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| c | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i_ | Carryover from 2012 not applied (see instructions) | | | |
| _ <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

MARILLAC ST VINCENT FAMILY SERVICES INC

| Schedule A | (Form 990 or 990-EZ) 20 | 17 D/B/A | MARILLAC | SOCIAL | CENTER | 36-2109717 Page 8 |
|------------|--|--|---|---|---|--|
| Part VI | Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D | rmation. Pr 1, 2, 3b, 3c, 4b D, lines 2 and 3 | ovide the explana o, 4c, 5a, 6, 9a, 9b ; Part IV, Section I | tions required o, 9c, 11a, 11b E, lines 1c, 2a, | by Part II, line 10; , and 11c; Part IV 2b, 3a, and 3b; P | Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, lart V, line 1; Part V, Section B, line 1e; Part V, lart for any additional information. |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER

Employer identification number

36-2109717

| Organization type (check one): | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-E | Z X 501(c)(X) (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| , , | nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | | |
| For an org | ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | | |
| Special Rules | | | | | | | | |
| sections s | ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; in 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| year, tota | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | | |
| Caution: An organ | ization that isn't covered by the General Bule and/or the Special Bules doesn't file Schedule B (Form 990, 990-FZ, or 990-PE). | | | | | | | |

but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
MARILLAC ST VINCENT FAMILY SERVICES INC
D/B/A MARILLAC SOCIAL CENTER

Employer identification number

36-2109717

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|--|
| (a) | (b) | (c) | (d) | | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | | |
| 1 | | \$ <u>1,135,893.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) | (b) | (c) | (d) | | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | | |
| 2 | | \$ <u>1,014,500</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 3 | | \$ 618,300. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 4 <u>4</u> | Name, address, and ZIP + 4 | \$ <u>261,350.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 5 | | \$106,000. | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person Payroll Occupate Part II for noncash contributions. | | | | | |

Name of organization

MARILLAC ST VINCENT FAMILY SERVICES INC

D/B/A MARILLAC SOCIAL CENTER

Employer identification number

36-2109717

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | | | |
|------------------------------|---|---|----------------------|--|--|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| - | | | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| _ | | \$ | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number MARILLAC ST VINCENT FAMILY SERVICES INC 36-2109717 D/B/A MARILLAC SOCIAL CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER

Employer identification number 36-2109717

| | organization answered "Yes" on Form 990, Part IV, line | (a) Donor advised funds | (b) Funds and other accounts |
|-----|--|---|--|
| | Tabel assessed of season | (a) Donor advised fullus | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | _ | |
| ^ | are the organization's property, subject to the organization's e | | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| | for charitable purposes and not for the benefit of the donor or | | |
| Dai | | | |
| | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizatio | | |
| | Preservation of land for public use (e.g., recreation or ed | | storically important land area |
| | Protection of natural habitat | Preservation of a cer | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Yea |
| а | | | |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired at | * | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the period | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, and enforcing con | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and enforcing conserva | ation easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | - | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | include, if applicable, the text of the footnote to the organization | on's financial statements that describes | the organization's accounting for |
| Do | t III Organizations Maintaining Collections of | Art Historical Tracquires or O | thar Similar Assats |
| Га | | | the Sillia Assets. |
| _ | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC | | |
| | historical treasures, or other similar assets held for public exhi | | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | | |
| | treasures, or other similar assets held for public exhibition, ed | ucation, or research in furtherance of pu | iblic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financia | al gain, provide |
| | the following amounts required to be reported under SFAS 11 | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 990, Part X | | S |

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

Schedule D (Form 990) 2017

| | t III Organizations Maintaining Co | | t, Histo | rical Tre | asures, or | Other | Similar | Assets | (continu | rage — |
|--------|--|-------------------------|---------------|--------------|----------------|-------------|--------------------|------------|-------------------|------------|
| 3 | Using the organization's acquisition, accession | | | | | | | | | |
| • | (check all that apply): | , | , o | , | onormig and | a. o a o.g | | | | |
| а | Public exhibition | d | | oan or eve | hange progra | me | | | | |
| | Scholarly research | e | | | nange progra | | | | | |
| b | | е | | , in let | | | | | | |
| C | Preservation for future generations | | | | | , | | | | |
| 4 | Provide a description of the organization's co | | | | | | | e in Part | XIII. | |
| 5 | During the year, did the organization solicit or | | | | | r similar a | assets | _ | 7 | |
| D - | to be sold to raise funds rather than to be ma | | | | | | | | _ Yes | No |
| Pai | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | | ete if the o | organizatio | n answered "` | Yes" on I | Form 990, | Part IV, I | ine 9, or | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedi | iarv for co | ontributions | s or other ass | ets not ir | cluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | |
| | ii 100, explain the arrangement iiii are xiii e | and complete the for | lowing ta | 010. | | | | | Amount | |
| _ | Paginning balance | | | | | | 10 | | Amount | |
| | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| _ | Distributions during the year | | | | | | 1e | | | |
| Ť | Ending balance | | | | | | 1f | | 7 | |
| | Did the organization include an amount on Fo | | | | | | y? | | _ Yes | ∐_ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Pai | t V Endowment Funds. Complete if | the organization an | swered " | Yes" on Fo | rm 990, Part | IV, line 10 |). | | | |
| | | (a) Current year | (b) Pr | ior year | (c) Two years | s back (| d) Three ye | ars back | (e) Four y | /ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g g | End of year balance | | | | | | | | | |
| | Provide the estimated percentage of the curre | ont year and balance | (line 1a | column (a) |) hold as: | I | | | | |
| 2 | Board designated or quasi-endowment | erit year erid balarice | | Column (a) | i) Heid as. | | | | | |
| a | · . | 0/ | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | ıld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | tion that | are held ar | nd administere | ed for the | organiza | tion | _ | |
| | by: | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organizate | tions listed as require | ed on Scl | nedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment fu | nds. | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | . Part IV. | line 11a. S | ee Form 990. | Part X. li | ne 10. | | | |
| | Description of property | (a) Cost or o | | | or other | | cumulated | d | (d) Book | value |
| | bescription of property | basis (investr | | | (other) | | reciation | 1 | (a) Dook | value |
| | Land | , | .5110 | 54010 | (531101) | аср | . 50,41011 | | | |
| | Land | | | F 16 | 1,928. | 1 F | 65,01 | | 506 | ,918. |
| | Buildings | | + | | 9,095. | | | | | |
| | Leasehold improvements | I | | 5,65 | 3,033. | 1,3 | 48,54 | 7. | 4,510 | ,540. |
| | Equipment | | | | | | | | | |
| | Other | | | | | | | | - 40- | 1.6.1 |
| Total | Add lines 1a through 1e (Column (d) must or | word Farms OOO Dart | V aaluman | (D) line 1 | 0-1 | | | | 5 107 | .464. |

| | | ~ | | | D |
|-------------------------|----------|--------|--------|-------|----|
| edule D (Form 990) 2017 | D/B/A MA | RILLAC | SOCIAL | CENTE | :R |

| Complete if the organization answered "Yes" of (a) Description of security or category (including name of security) | (b) Book value | | on: Cost or end-of-year market value |
|---|------------------------------|---|--|
| Financial derivatives | | | - |
| Closely-held equity interests | | | |
| Other | | | |
| (A) THE PRIVATE COMINGLED | | | |
| (B) FUND OF THE AIM FUNDS | 8,493,787. | END-OF-YEAR | MARKET VALUE |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | 0 402 707 | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 8,493,787. | | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" c (a) Description of investment | (b) Book value | | , line 13. on: Cost or end-of-year market value |
| | (b) Dook value | (c) Method of Valuation | on. Cost of end-of-year market value |
| (1) (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X | , line 15. |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | 45) | | |
| tal. (Column (b) must equal Form 990. Part X. col. (B) line | 15.) | | ················ 🖊 |
| art X Other Liabilities. | | | |
| art X Other Liabilities. | on Form 990 Part IV line 1 | 1e or 11f See Form 990 | Part X line 25 |
| Complete if the organization answered "Yes" or | | | Part X, line 25. |
| Complete if the organization answered "Yes" of (a) Description of liability | | 1e or 11f. See Form 990, b) Book value | Part X, line 25. |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes | (k | b) Book value | Part X, line 25. |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes | EASE | | Part X, line 25. |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON LEGATION (3) PENSION BENEFIT OBLIGATION | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of the Organization answered "Yes" of the Organization answered "Yes" of the Organization of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L (3) PENSION BENEFIT OBLIGATION (4) | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L. (3) PENSION BENEFIT OBLIGATION | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of the Organization answered "Yes" of the Organization of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L. (3) PENSION BENEFIT OBLIGATION (4) (5) | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of the Complete if the organization of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L. (3) PENSION BENEFIT OBLIGATION (4) (5) (6) | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L (3) PENSION BENEFIT OBLIGATION (4) (4) (5) (6) (7) | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L. (3) PENSION BENEFIT OBLIGATION (4) (5) (6) (7) (8) (9) | EASE | 62,639. | Part X, line 25. |
| Complete if the organization answered "Yes" of table in the organization answered "Yes" of table in the organization answered "Yes" of table in the organization of liability (1) Federal income taxes (2) SECURITY DEPOSIT HELD ON L. (3) PENSION BENEFIT OBLIGATION (4) (4) (5) (6) (7) (8) | (t EASE [| 62,639. 318,809. 381,448. | |

732053 10-09-17

| | rt XI Reconciliation of Revenue per Audited Financial | Statements With Revenue | per Return. | rago |
|-----------------|--|--------------------------------|-------------------------------------|------|
| | Complete if the organization answered "Yes" on Form 990, Part I' | V, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial | | es per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | V, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| а | Donated services and use of facilities | | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | , | 4b | | |
| _C | Add lines 4a and 4b | | | |
| 5 D a | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. | ne 18.) | 5 | |
| | | 14 5 174 5 41 101 5 | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | | ırt V, ilne 4; Part X, ilne 2; Part | XI, |
| iines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | le any additional information. | | |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER

 $Employer\ identification\ number \\ 36-2109717$

| Fundraising Activities required to complete this part | Complete if the organization answert. | red "Y | es" or | Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not |
|---|---|--|----------------------------|---|--|---|
| 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the | e X Solicitar f X Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu | tion of tion of fundra (includ | non-governising of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | X 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 |
| MAK GRANTS, LLC - 10522 S HOYNE, CHICAGO, IL 60643 | GRANT WRITER | Yes | No X | 803,150. | 68,040. | 656,901. |
| ioini, eniemo, il 00045 | SIGNI WILLIAM | | | 003,130. | 00,040. | 030,301. |
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| | | | | | | |
| Total | | | • | 803,150. | 68,040. | 656,901. |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit o | contrib | utions | or has been notified | it is exempt from req | gistration |
| IL | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

MARILLAC ST VINCENT FAMILY SERVICES INC Schedule G (Form 990 or 990-EZ) 2017 D/B/A MARILLAC SOCIAL CENTER 36-2109717 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BEACON OF (add col. (a) through FLEUR DE LISHOPE col. (c)) (event type) (total number) (event type) 695,753. 151,625. 45,688. 893,066. 1 Gross receipts 485,159 102,520. 44,138. 631,817. 2 Less: Contributions 210,594. 1,550. Gross income (line 1 minus line 2) 49,105. 261,249. 3,500. 3,500. 4 Cash prizes 5 Noncash prizes Direct Expenses 112,893. 11,939. 4,413. 129,245. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 73,415. 36,287. 10,154. 26,974. Other direct expenses 206,160. 10 Direct expense summary. Add lines 4 through 9 in column (d) 55,089. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 14,250. 14,250. Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 9,041. 9,041. Rent/facility costs 6,073. 6,073. Other direct expenses X Yes % 100 % % Yes Yes 6 Volunteer labor No 15,114. 7 Direct expense summary. Add lines 2 through 5 in column (d) <864.> 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: IL a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

MARILLAC ST VINCENT FAMILY SERVICES INC

| Schedule G (Form 990 or 990-EZ) 2017 D/B/A MARILLAC SOCIAL CENTER | 36-2109717 Page 3 |
|--|---------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | X Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | |
| to administer charitable gaming? | Yes X No |
| 13 Indicate the percentage of gaming activity conducted in: | 1 1 00 |
| a The organization's facility | 40000 |
| b An outside facility | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | 5 : |
| Name ► MAUREEN MILNER | |
| Address ► 2145 N. HALSTED STREET - CHICAGO, IL 60614 | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes X No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou | ınt |
| 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 ► MEREDITH ONEY | |
| Gaming manager compensation ▶ \$2,100. | |
| Description of services provided ▶ OVERSEE VOLUNTEERS AND OTHER ACTIVITIES | ASSOCIATED |
| WITH THE GAMING EVENT. | |
| | |
| Director/officer X Employee Independent contractor | |
| 47 Mandatany diatributions: | |
| 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 X No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | |
| organization's own exempt activities during the tax year ▶ \$ | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | art III, lines 9, 9b, 10b, 15b, |
| 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL | SERS: |
| | |
| (I) NAME OF FUNDRAISER: MAK GRANTS, LLC | |
| (I) ADDRESS OF FUNDRAISER: 10522 S HOYNE, CHICAGO, IL 60643 | |
| (1, 11201120 of 101011120111 10011 of 1011111) of 1011111 | |
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MARILLAC ST VINCENT FAMILY SERVICES INC

| Schedule G | G (Form 990 or 990-EZ) | D/B/A M | ARILLAC | SOCIAL | CENTER | 36-2109717 | Page 4 |
|------------|--|---------------|---------|--------|--------|------------|--------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Infor | mation (conti | nued) | | | | |
| | • • • | (COTTEN | lucu) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

2017
Open to Public

MARILLAC ST VINCENT FAMILY SERVICES INC

D/B/A MARILLAC SOCIAL CENTER

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

Inspection

Employer identification number 36-2109717

| | | | | | | | | ** ==**: |
|--------------|--|-----------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|------------------------------------|
| Part I | General Information on Grants a | nd Assistance | | | | | | |
| 1 Do | es the organization maintain records | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selectior | |
| crit | eria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Des | scribe in Part IV the organization's pro | cedures for monit | oring the use of grant | funds in the United | d States. | | | |
| Part II | Grants and Other Assistance to | Domestic Organiz | zations and Domestic | Governments. | Complete if the org | anization answered "\ | es" on Form 990, Part I | V, line 21, for any |
| | recipient that received more than S | 5,000. Part II can | be duplicated if additi | onal space is need | led. | | | |
| 1 (a) | Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Ent | er total number of section 501(c)(3) a | l nd government or | l nanizations listed in the | L e line 1 table | 1 | <u> </u> | 1 1 | |
| | er total number of other organization | • | - | i table | | | | ······ |

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

Schedule I (Form 990) (2017)

MARILLAC ST VINCENT FAMILY SERVICES INC

Schedule I (Form 990) (2017)

D/B/A MARILLAC SOCIAL CENTER

36-2109717

Page 2

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|----------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| THE MSVFS OUTREACH PROGRAM PROVIDES ASSISTANCE TO | | | | | |
| INDIVIDUALS TO ADDRESS FOOD INSECURITY AND PROVIDE | | | | | |
| HOUSING STABILITY. | 8766 | 25,791. | 0. | | |
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| Part IV Supplemental Information. Provide the information red | uired in Part Llin | e 2: Part III. column | (b): and any other ac | ditional information | |
| | dii od ii i i die i, iii i | 5 L, 1 are III, 551aiiii | (S), and any other ac | addonar information. | |
| PART I, LINE 2: | | | | | |
| CASE WORKERS VISIT AND/OR REACH OU | ጥ ጥ∩ Μኔሄፔ | י פווסד יישד | MONTES WED | F СРЕМФ FОР | |
| CADE WORKERS VIBIT AND/OK REACH OU | I IO MARE | DOKE THE | MONTED WER | E SIENT FOR | |
| THE INTENDED PURPOSE AND THE INDIV | IDUAL REC | EIVED THE | BENEFIT. | | |
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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. 201/

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

MARILLAC ST VINCENT FAMILY SERVICES INC

D/B/A MARILLAC SOCIAL CENTER

 $\begin{array}{c} \text{Employer identification number} \\ 36-2109717 \end{array}$

| | | | Yes | No |
|----|---|----|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | 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 | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 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? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | Х | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 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)? | 9 | | |

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

Schedule J (Form 990) 2017

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

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

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

| | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | umns (F) Compensation in column (B) | |
|-----------------------|------------------|--------------------------|-------------------------------------|---|-------------------------|------------------------------------|-------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Deficition | (6)(1)-(0) | reported as deferred on prior Form 990 |
| (1) ANTHONY CHIMERA | (i) | 127,933. | 0. | 48,635. | 0. | 7,852. | 184,420. | 0. |
| CEO (10/2016-09/2017) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| · | (II) | | | | | | | |

| Part III Supplemental Information |
|--|
| 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. |
| |
| PART I, LINE 4A: |
| IN ACCORDANCE WITH AN EMPLOYMENT AGREEMENT BETWEEN ANTHONY CHIMERA AND |
| MARILLAC ST. VINCENT FAMILY SERVICES, PAYMENTS OF \$48,635 WERE MADE IN |
| CONNECTION WITH HIS RESIGNATION. PRIOR TO HIS RESIGNATION, ANTHONY CHIMERA |
| WAS CEO AND PRESIDENT. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER

Employer identification number 36-2109717

| Pai | rt I Types of Property | | | | | | |
|-----------------|--|-----------------|------------------------------------|--|-----------------------|-----------|-----|
| | | (a) Check if | (b) Number of | (c) Noncash contribution | (d) Method of dete | • | |
| | | applicable | contributions or items contributed | amounts reported on Form 990, Part VIII, line 1g | noncash contributi | on amount | íS |
| 1 | Art - Works of art | | | , , | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 13 | 315,531. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other | | | | | | |
| 27 | Other () | | | | | | |
| <u>28</u> 29 | Other () | ation during | the tay year for a | antributions . | | | |
| 29 | Number of Forms 8283 received by the organization completed Form 828 | - | • | | | | |
| | for which the organization completed Form 626 | oo, Fait IV, I | Donee Acknowledg | gernent <u>29 </u> | | Yes | No |
| 30a | During the year, did the organization receive by | contributio | n any property rep | orted in Part I lines 1 throug | h 28 that it | 163 | INO |
| ooa | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | | , | William trequired to be do | | 30a | х |
| h | If "Yes," describe the arrangement in Part II. | | | | | 554 | |
| 31 | Does the organization have a gift acceptance p | olicy that re | equires the review of | of any nonstandard contribut | ions? | 31 X | |
| | Does the organization hire or use third parties of | | | | | | |
| | contributions? | | | | | 32a | x |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) fo | a type of property | for which column (a) is chec | ked, | | |
| | describe in Part II. | | | | <u> </u> | | |
| | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

MARILLAC ST VINCENT FAMILY SERVICES INC

| Schedule M (Form 990) 2017 D/B/A MARILLAC SOCIAL CENTER | 36-2109717 | Page 2 |
|---|---|---------------|
| Schedule M (Form 990) 2017 D/B/A MARILLAC SOCIAL CENTER Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, of this part for any additional information. | n, and 33, and whether the organizat or a combination of both. Also comp | tion blete |
| SCHEDULE M, PART I, COLUMN (B): | | |
| THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF ITEMS | CONTRIBUTED, 13 | |
| STOCK GIFTS. | | |
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732142 09-07-17

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER

Employer identification number 36-2109717

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE VINCENTIAN SPIRIT OF SERVICE - THROUGH EDUCATION AND COMPREHENSIVE

PROGRAMS TO BUILD VIBRANT COMMUNITIES IN CHICAGO. WE FULFILL OUR

MISSION THROUGH QUALITY CHILD CARE AND EARLY CHILDHOOD EDUCATION,

AFTER-SCHOOL PROGRAMS, COMPREHENSIVE SERVICES TO ISOLATED SENIORS, AND

OUTREACH TO INDIVIDUALS AND FAMILIES AT-RISK OR IN CRISIS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MOTOR-98% MET OR EXCEEDED, FINE MOTOR-98% MET OR EXCEEDED, LANGUAGE-93%

MET OR EXCEEDED, COGNITIVE-95% MET OR EXCEEDED, LITERACY-97% AND

MATH-88% MET OR EXCEEDED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TEENS 13-20 YEARS OLD. PROGRAMMING FOCUSES ON SOCIAL & EMOTIONAL STEM, TUTORING, MENTORING, DEVELOPMENT, ACADEMICS, MENTAL AND PHYSICAL HEALTH, RECREATION AND FINE ARTS. TEENS AND YOUNG ADULTS PARTICIPATE IN EMPLOYMENT AS YOUTH COUNSELORS TO THE YOUNGER CHILDREN WHILE RECEIVING COACHING AND SUPERVISION IN LEADERSHIP DEVELOPMENT. PROJECT HOPE IS A NATIONALLY RECOGNIZED TEEN AND YOUNG ADULT PARENT SUPPORT PROGRAM THAT PROVIDES SERVICES USING THE RESEARCH BASED PARENT'S AS TEACHERS CURRICULUM. SERVICES INCLUDE INTENSIVE HOME VISITING, PRENATAL CARE, DOULA, ASSESSMENTS, COUNSELING, PRENATAL AND PARENTING GROUPS, FATHER AND GRANDPARENT PROGRAMS, LEADERSHIP DEVELOPMENT. GOAL SETTING AND REFERRALS. THE PROGRAM SERVES 65 PREGNANT/PARENTING TEENS IN THE PROGRAM, ALONG WITH THEIR CHILDREN, THE

FATHERS AND EXTENDED FAMILY MEMBERS; 12 YOUNG FAMILIES ALSO RECEIVE

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

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

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization MARILLAC ST VINCENT FAMILY SERVICES INC **Employer identification number** D/B/A MARILLAC SOCIAL CENTER 36-2109717 SERVICES. DURING FISCAL YEAR 2018, 512 HOME VISITS WERE COMPLETED; 68 PRENATAL AND PARENTING GROUPS WERE CONDUCTED. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OF THE SENIOR SERVICES CLIENTS WERE SUCCESSFULLY SUPPORTED TO ALLOW THEM TO REMAIN IN THEIR HOMES. FORM 990, PART VI, SECTION A, LINE 6: MARILLAC ST. VINCENT MINISTRIES, INC., AN ILLINOIS NOT-FOR-PROFIT CORPORATION, IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION. THERE IS ONE CLASS OF MEMBERSHIP. THEIR RIGHTS ARE TO APPROVE MAJOR CHANGES IN MISSION, MAJOR CAPITAL EXPENDITURES, STRATEGIC AND FINANCIAL PLANS, SALE AND LEASE OF PROPERTY, APPROVE CHANGES TO BYLAWS, AND APPROVAL OF THE APPOINTMENT OF TRUSTEES AND CHIEF EXECUTIVE OFFICER. FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE COPORATE MEMBER APPROVES THE APPOINTMENT OF MEMBERS TO THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: THE SOLE CORPORATE MEMBER APPROVES MAJOR CHANGES IN MISSION, MAJOR CAPITAL

EXPENDITURES, STRATEGIC AND FINANICAL PLANS, SALE AND LEASE OF PROPERTY, APPROVES CHANGES TO BYLAWS, AND APPROVAL OF THE APPOINTMENT OF MEMBERS TO THE GOVERNING BODY AND CHIEF EXECUTIVE OFFICER.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES.

ALL VOTING MEMBERS OF THE GOVERNING BODY RECEIVE A COPY OF THE 990 PRIOR TO

| Name of the organization MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER | Employer identification number 36-2109717 |
|--|---|
| FILING. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| OFFICERS AND TRUSTEES ARE REQUIRED TO REVIEW, COMPLETE A | ND SIGN THE |
| CONFLICT OF INTEREST POLICY EACH YEAR. THE CHIEF EXECUTI | VE OFFICER REVIEWS |
| THE RESPONSES FOR COMPLETION, SIGNATURES, AND ANY INTERE | STS THAT COULD GIVE |
| RISE TO CONFLICT. IF ANY SUCH INTEREST IS DISCLOSED, IT | IS BROUGHT TO THE |
| CHAIRPERSON OF THE BOARD OF TRUSTEES. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE ANNUAL COMPENSATION OF THE CEO IS APPROVED BY THE EX | ECUTIVE COMMMITTEE |
| OF THE BOARD OF TRUSTEES AFTER REVIEWING COMPARABLE DATA | AND IS DOCUMENTED |
| IN THE MINUTES OF THE EXECUTIVE COMMITTEE MEETING. THE | ANNUAL COMPENSATION |
| OF OTHER OFFICERS IS PRESENTED TO THE EXECUTIVE COMMITTE | E OF THE BOARD OF |
| TRUSTEES. THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE IN | DEPENDENT FROM THE |
| CEO AND CORPORATION'S OFFICERS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZAT | ION'S WEBSITE. |
| GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY | ARE AVAILABLE TO |
| THE PUBLIC UPON REQUEST. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

MARILLAC ST VINCENT FAMILY SERVICES INC D/B/A MARILLAC SOCIAL CENTER

Employer identification number 36-2109717

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (d) (f) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

Part II 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|--|
| | | | | 501(c)(3)) | | Yes | No |
| DAUGHTERS OF CHARITY MINISTRIES, INC - | PROMOTING HEALTH, | | | | | | |
| 27-4032123, 4330 OLIVE STREET, ST. LOUIS, MO | WELLNESS, & EDUC. FOR THE | | | | | | |
| 63108 | POOR & VULNERABLE | MISSOURI | 501(C)(3) | LINE 7 | N/A | | X |
| | SOCIAL SERVICES FOR | | | | DAUGHTERS OF | | |
| MARILLAC ST. VINCENT MINISTRIES INC | CHILDREN, FAMILIES, | | | | CHARITY | | |
| 36-1722800, PO BOX 14699, CHICAGO, IL 60614 | SENIORS AND THE HOMELESS | ILLINOIS | 501(C)(3) | LINE 7 | MINISTRIES, INC. | Х | |
| MISSION AND MINISTRY, INC 35-1417913 | | | | | | | |
| 9400 NEW HARMONY ROAD | PROVIDES FINANCIAL SUPPORT | | | | | | |
| EVANSVILLE, IN 47720 | TO ALLEVIATE POVERTY | INDIANA | 501(C)(3) | LINE 7 | N/A | | Х |
| DAUGHTERS OF CHARITY, INC 43-0653298 | ACTIVITIES PROMOTING CARE | | | | | | |
| 4330 OLIVE STREET | FOR THE POOR AND | | | | | | |
| ST. LOUIS, MO 63108 | VULNERABLE | MISSOURI | 501(C)(3) | LINE 7 | N/A | | Х |

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

Schedule R (Form 990) 2017

Part III 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.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|--|-----------------------|-----------------------------------|-----|---------------------|---|------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | 1 | ortionate tions? | Code V-UBI amount in box 20 of Schedule | General of managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes No | |
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | tion b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|--|--------------------------------|-----|-----------------------------------|
| | | , | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | | | |
|-------|---|----------|--------------------------------|--|-------|-----|----|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or r | more re | elated organizations listed in | n Parts II-IV? | | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X | | | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X | | | |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | | | | |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X | | | |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | |
| | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X | | | |
| | Sale of assets to related organization(s) | | | | 1g | | X | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | X | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Х | | | | |
| -1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | X | | | |
| m | n Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | X | | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | X | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | X | | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | Х | | | |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | X | | | | |
| | | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X | | | |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must comp | plete th | is line, including covered re | elationships and transaction thresholds. | | | | | | |
| | (a) (b) Name of related organization Transacti type (a-s | | (c) Amount involved | (d) Method of determining amount invo | olved | | | | | |
| (1) I | DAUGHTERS OF CHARITY MINISTRIES, INC. C | | 618,300. | RECORDS MAINTAINED AT FM | V | | | | | |
| | | | | | | | | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|-------------------------------|--|
| (1) DAUGHTERS OF CHARITY MINISTRIES, INC. | С | 618,300. | RECORDS MAINTAINED AT FMV |
| (2) MISSION AND MINISTRY, INC. | С | 106,000. | RECORDS MAINTAINED AT FMV |
| (3) MISSION AND MINISTRY, INC. | Q | 265,313. | RECORDS MAINTAINED AT COST |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box 2 of Schedule K- | General of managing partner? Yes No | (k) r Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|--------------------------------------|----------------------------|
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MARILLAC ST VINCENT FAMILY SERVICES INC

| Schedule R | (Form 990) 2017 | D/B/A | MARILLAC | SOCIAL | CENTER | 36-2109717 | Page 5 |
|------------|----------------------------------|-----------------|-------------------|------------------|-------------------------|------------|--------|
| Part VII | (Form 990) 2017 Supplemental Inf | ormation. | | | | | |
| | Provide additional info | | | | | | |
| | 1 TOVIGE GGGHIOTIGI ITTO | mation for resp | onded to question | o orr correction | The Good matricularies. | | |
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