Weaver and Tidwell, LLP 12221 Merit Drive, Suite 1400 Dallas, TX 75251



Community Council of Greater Dallas 1341 W. Mockingbird Lane No. 1000W Dallas, TX 75247 Attention: Annice Reed

Dear Annice:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We are enclosing an additional copy of your tax return for public disclosure purposes. Any confidential information regarding large donors has been removed.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Regards,

In Nevelow

Weaver and Tidwell, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2017

Community Council of Greater Dallas 1341 W. Mockingbird Lane No. 1000W Dallas, TX 75247
Weaver and Tidwell, LLP 12221 Merit Drive, Suite 1400 Dallas, TX 75251
Not applicable
Not applicable
Not applicable
Not applicable
This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2018.

	IRS e-file Signature Authorization		OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization For calendar year 2016, or fiscal year beginning OCT 1 , 2016, and ending SEP 30 ,	2017	2016
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form88 		2016
Name of exempt organization		Employer	identification number
Community Cou	ncil of Greater Dallas	**_*	**0631
Name and title of officer			
Ken Goodgames CEO			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave	line 1b, 2b, 3b, 4b, or 5b,

than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	11,606,679.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		_	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize Weaver and Tidwell, LLP	to enter my PIN 43586
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I is being filed with a state agency(ies) regulating charities as part of the IRS Fed/S enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organi indicated within this return that a copy of the return is being filed with a state age program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	80217863999 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electron confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , I <i>e-file</i> Providers for Business Returns.	
ERO's signature Dra Nevelow	Date 7/30/18
ERO Must Retain This Form - See I	nstructions
Do Not Submit This Form To the IRS Unless	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2016)
623051 09-26-16	

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

		TAXPAYER COPY - RETAIN	IN `	YOUR F	ILE
		Extended to August 15,	2018	1	
	-				OMB No. 1545-0047
Forr	"y	90 Return of Organization Exempt Fi Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	cept private foundation	ons) 2016
		Do not enter social security numbers on this form a	-		Open to Public
		of the Treasury enue Service Information about Form 990 and its instructions is a	-	-	Inspection
AF	or th			EP 30, 2017	
Bc	heck if	C Name of organization		D Employer identif	ication number
a 					
	Addr chan				++0 C 0 1
	_chan	ge Doing business as			**0631
	_returr Final	Number and street (or P.U. box if mail is not delivered to street address)			
	returr∟ termi		W000		871-5065 11,693,700.
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75247		G Gross receipts \$	
	⊥returr]Appli _tion			H(a) Is this a group r for subordinate	
	pend	same as C above		H(b) Are all subordinates	
1 1	- av.ev	$\begin{array}{c} \text{cempt status: } \mathbf{X} 501(c)(3) \boxed{501(c)} () (\text{insert no.)} \boxed{4947(a)(1) \text{ or}} \\ \end{array}$	527		a list. (see instructions)
		ite: • www.ccadvance.org		H(c) Group exemption	, ,
		f organization: X Corporation Trust Association Other	L Year		M State of legal domicile: TX
		Summary			5
6	1	Briefly describe the organization's mission or most significant activities: The Co	ommun	ity Council	. of Greater
Activities & Governance		Dallas serves the community by providing	leade	ership in: I	etermining
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	e than 25% of its net a	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			28
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			28
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			122
ivit	6	Total number of volunteers (estimate if necessary)			500
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
				Prior Year 12,359,137.	Current Year 11,551,841.
Revenue	8	Contributions and grants (Part VIII, line 1h)		24,206.	
ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,559.	
Re	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-37,138	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,366,764.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,118,285.	5,042,708.
	14	Benefits paid to or for members (Part IX, column (4), line 4)		0.	0.
s	40	Colorise other componentian complexes benefits (Det IV) askump (A) lines 5 10		4,865,840.	5,166,318.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
be	Ь	Total fundraising expenses (Part IX, column (D), line 25) Total 75, 98	6.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,269,894.	1,416,412.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,254,019.	11,625,438.
	19	Revenue less expenses. Subtract line 18 from line 12		112,745.	-18,759.
s or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,027,609.	1,085,984.
at As	21	Total liabilities (Part X, line 26)		5,763.	5,697.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,021,846.	1,080,287.
	nrt II	5			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of n	iy 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.

Sign Here	Signature of officer Ken Goodgames, CEO Type or print name and title	Date
Paid	Print/Type preparer's name Ira L. Nevelow Preparer's signature Dra Nevelow	Date Check PTIN if self-employed P00083210
Preparer	Firm's name 🕨 Weaver and Tidwell, LLP	Firm's EIN ** - ** 6316
Use Only	Firm's address 12221 Merit Drive, Suite 1400	
	Dallas, TX 75251	Phone no.972-490-1970
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
632001 11-1	1-16 I HA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2016)

11-11-16LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2016)See Schedule O for Organization Mission Statement Continuation

 Check if Schedule 0 contains a response or note to any line in this Part III Birdly describe the organization's mission: The Community Council of Greater Dallas serves to providing leadership in: Determining priority is the human services arena, convening partners to service delivery, and increasing awareness of ar 2 Did the organization undertake any significant program services during the year which were not prior Form 990 or 990-27? If 'Yes,' describe these new services on Schedule 0. 3 Did the organization case conducting, or make significant changes in how it conducts, any pro- tir 'Yes,' describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program Section 501(63) and 601(64) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. 4a (Cocc) (Expresses 5, 829, 322, including grants of	[
The Community Council of Greater Dallas serves t providing leadership in: Determining partners to service delivery, and increasing awareness of ar 2 Did the organization undertake any significant program services during the year which were not prior Form 900 or 990-2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any pro If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest progr Section 501(c)(3) and 501(c)(4) organizations are required to reor the amount of grants and all revenue, if any, for each program service recoursed to reor the amount of grants and all revenue, if any, for each program service reported. 4 (Code:) [forpmens* 5, 829, 322: including grants ofs	
<pre>providing leadership in: Determining priority if the human services arena, convening partners to service delivery, and increasing awareness of ar Did the organization undertake any significant program services during the year which were not prior Form 990 or 990-E27 H'Yes,' describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any pro if 'Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest progr Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. 4 (code:</pre>	the community be-
<pre>the human services arena, convening partners to service delivery, and increasing awareness of ar Did the organization underate any significant program services during the year which were not prior Form 990 or 990-E27 H 'Yes,' describe these new services on Schedule 0. 3 Did the organization case conducting, or make significant changes in how it conducts, any pro H 'Yes,' describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest progr Secton 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. 4 (Code) [Gupeness 5, 829, 322. including grants of 4, 084, 2 AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was creat Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institutior DAAA provided the following: - Health Maintenance: Assistance was provid' incontinent supplies (pull ups, wipes, bed pads) 4 (Code) (Gupeness 2,027,644. including grants of 57,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant- Navigator Grant under the 2 (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.98) population; approximately 16% of the square mile - In 2017 - 2,103 enrolled in a Qualified HealtH 4 (code) (Gupeness 1,356,797. including grants of INFORMATION AND ASSITANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helppi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wi internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish</pre>	
 service delivery, and increasing awareness of ar service delivery, and increasing awareness of ar bit the organization undertake any significant program services during the year which were not prior Form 900 or 90-627. bit the organization cease conducting, or make significant changes in how it conducts, any provide the organizations are ecuived to report the amount of grants and all revenue, if any, for each program service accomplishments for each of its three largest progresecton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service accomplishments for each of its three largest progresecton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service accomplishments for each of its three largest progresecton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service accomplishments for each of its three largest progresecton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service accomplishments for each of its three largest programs for a transform for institution to any provided the following: Health Maintenance: Assistance was provide incontinent supplies (pull ups, wipes, bed pads) (code) (scemeas 2,027,644. including grants of 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant - Navigator Grant under the Z (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.98) population; approximately 168 of the square mile In 2017 - 59,851 consumers assisted with gener enrollment 	
 Did the organization undertake any significant program services during the year which were not prior Form 990 or 990 E27 If 'Yes,'' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any profile organization's program service accomplishments for each of its three largest progresetion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. Coder (Coder Control (Control (Control	
<pre>prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any pro If 'Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest progr Section 501(c)(3) and 501(c)(4) organizations are equived to report the amount of grants and all revenue, if any, for each program service reported. 4 (Code:) (Expenses 5, 829, 322. including grants of 4, 084, 2 AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was create Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following:</pre>	
 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any profit "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest progresection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. (Code:	77
 Did the organization cease conducting, or make significant changes in how it conducts, any profit "Yes," describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest progrese to solic()(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. (Code:)(Expenses 5, 829, 322. holding grants of 4, 084, 2 A GING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was created Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following:	Yes X
 If "Yes," describe the searchanges on Schedule O. Describe the organization's program service accomplishments for each of its three largest prograse to section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. (Code:) (Expenses 5, 829, 322. Including grants of 4, 084, 2 AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was created older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: Health Maintenance: Assistance was provide incontinent supplies (pull ups, wipes, bed pads) (Code:) (Expenses 2,027,644. Including grants of 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ing services programs for underserved families inclu Central Texas Grant- Navigator Grant under the 2 (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Healtf (Code:) (Expenses 1,356,797. Including grants of INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to help from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wi internet, our goal is to present accurate, well: easy-to-find information from state and local help programs. We accomplish this through the work of Information Centers (AICS) across the state. 2-1 anonymous social service hotline available 24 hel	ogram services?
 4 Describe the organization's program service accomplishments for each of its three largest progr Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. 4 (Code:) (Expenses 5, 829, 322. including grants ofs 4,084,2 AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was creat Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on on income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: 	
 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all revenue, if any, for each program service reported. (code:) (Expenses 5, 829, 322. metuding grants ofs 4,084,22 AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was created older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following:	
 revenue, if any, for each program service reported. (Code:) (Expenses 5, 829, 322. mcLuding grants ofs. AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAAA) was created older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: Health Maintenance: Assistance was provide incontinent supplies (pull ups, wipes, bed pads) (code:) (Expenses 2, 027, 644. mcLuding grants ofs _ 557, 42 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant - Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment In 2017 - 2,103 enrolled in a Qualified Health dcode:) (Expenses 1,356,797. mcLuding grants ofs INFORMATION AND ASSISTANCE: Z-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wf internet, our goal is to present accurate, well-easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICS) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 400,955.) (Exempses 1,082,171. mcLuding grants ofs 2.00,955.) (Exempse) 	
 4a (Code:) (Expenses	locations to others, the total expenses, and
AGING AND DISABILITY SERVICES: The Dallas Area Agency on Aging (DAA) was creat Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: - Health Maintenance: Assistance was provide incontinent supplies (pull ups, wipes, bed pads) 40 (Code:	268 \ (=
 The Dallas Area Agency on Aging (DAAA) was creat Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: - Health Maintenance: Assistance was provid incontinent supplies (pull ups, wipes, bed pads) 40 (code:)(Expenses 2,027,644. including gants of 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant - Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - IN 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 40 (code:)(Expenses 1,356,797. including gants of INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wi internet, our goal is to present accurate, welleasy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICS) across the state. 2-1 anonymous social service hotline available 24 how week, and 365 days a year. 	200•) (Revenue \$
 Older American Act mandating the designation and of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following:	ted in 1973 from the
of Area Agencies on Aging. The Community Council since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: 	
 since it was created in 1973. The DAAA provides of Dallas County age 60 and older focusing on of income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: - Health Maintenance: Assistance was provid incontinent supplies (pull ups, wipes, bed pads) (code:)(Expenses 2,027,644. including grants of \$ 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant - Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wf internet, our goal is to present accurate, well-easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICS) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 40 Other program services (Describe in Schedule 0.) (Expenses 1, 182, 171. including grants of \$ 1, 182, 171. including grants of \$ 100, 955.) (nevenee) 	
<pre>of Dallas County age 60 and older focusing on ol income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following:</pre>	
<pre>income, have frail health, have physical or ment language barriers or are at risk for institution DAAA provided the following: </pre>	
Ianguage barriers or are at risk for institution DAAA provided the following: - Health Maintenance: Assistance was provided incontinent supplies (pull ups, wipes, bed pads) 4b (code:	
DAAA provided the following: - Health Maintenance: Assistance was provid incontinent supplies (pull ups, wipes, bed pads) (code:	
 Health Maintenance: Assistance was providincontinent supplies (pull ups, wipes, bed pads) (code:)(Expenses 2,027,644. including grants of 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to insservices programs for underserved families includent of the services for the service fo	
<pre>incontinent supplies (pull ups, wipes, bed pads) 4b (code:)(Expenses \$ 2,027,644. including grants of \$ 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant- Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wf internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule C). (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue </pre>	
<pre>incontinent supplies (pull ups, wipes, bed pads) 4b (code:)(Expenses \$ 2,027,644. including grants of \$ 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant- Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wf internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule C). (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue </pre>	ded for hearing aids.
 4b (Code:)(Expenses \$ 2,027,644. including grants of \$ 557,4 ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to inservices programs for underserved families includent Central Texas Grant - Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment IN 2017 - 10,168 have received enrollment assister (face-to-face appointments) IN 2017 - 2,103 enrolled in a Qualified Health 4c (Code:)(Expenses \$ 1,356,797. including grants of \$ 1,182,171. including from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 howeek, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue 	
ENROLL NORTH CENTRAL TEXAS: Community Health Services provides access to ins services programs for underserved families inclu Central Texas Grant - Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assist certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wr internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
<pre>services programs for underserved families inclu Central Texas Grant- Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses 1,182,171. including grants of \$ 400,955.) (Revenue 2000 from the service for the se</pre>) (horonac ¢
<pre>services programs for underserved families inclu Central Texas Grant- Navigator Grant under the A (ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses 1,182,171. including grants of \$ 400,955.) (Revenue 2000 from the service for the se</pre>	surance and social
<pre>(ENCTX). Community Council provides health care counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses \$ 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue Counties connect with the services function from state and function from state and function from state and function from state and function function function function from state function function from state function f</pre>	
<pre>counties that represent 9,946,273 people (36.9%) population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses 1,182,171. including grants of \$ 400,955.) (Revenue </pre>	Affordable Care Act
<pre>population; approximately 16% of the square mile - In 2017 - 59,851 consumers assisted with gener enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (code:)(Expenses 1,356,797. including grants of \$</pre>	access services to 56
 In 2017 - 59,851 consumers assisted with gener enrollment In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) In 2017 - 2,103 enrolled in a Qualified Health (code:)(Expenses \$ 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 40 Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue 	
 In 2017 - 59,851 consumers assisted with gener enrollment In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) In 2017 - 2,103 enrolled in a Qualified Health (code:)(Expenses \$ 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 40 Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue 	es of the state.
<pre>enrollment - In 2017 - 10,168 have received enrollment assi certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health (code:)(Expenses 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses 1,182,171. including grants of \$ 400,955.) (Revenue) </pre>	ral inquiries and
<pre>certified Navigator (face-to-face appointments) - In 2017 - 2,103 enrolled in a Qualified Health 4c (Code:)(Expenses \$ 1,356,797. including grants of \$ INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue Counties Service hotline available 24 ho Mathematical Service Accurate Accurate Accurate Accurate Add Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue</pre>	
 In 2017 - 2,103 enrolled in a Qualified Health (Code:)(Expenses \$ 1,356,797. including grants of \$	istance from a federal
4c (Code:)(Expenses \$ 1,356,797. including grants of \$	
<pre>INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue</pre>	
<pre>INFORMATION AND ASSISTANCE: 2-1-1 North Central Texas: Dallas, a program of Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue</pre>) (Revenue \$18,72)
Human Services Commission, is committed to helpi from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 40 Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
<pre>from Collin, Dallas, Denton, Ellis, Hunt, Kaufma Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 40 Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue</pre>	
Counties connect with the services they need. Wh internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 40 Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
<pre>internet, our goal is to present accurate, well- easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue</pre>	
<pre>easy-to-find information from state and local he programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue</pre>	
programs. We accomplish this through the work of Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
Information Centers (AICs) across the state. 2-1 anonymous social service hotline available 24 ho week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
anonymous social service hotline available 24 howeek, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue)	
week, and 365 days a year. 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue)	
4d Other program services (Describe in Schedule O.) (Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue)	ours a day, / days a
(Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
(Expenses \$ 1,182,171. including grants of \$ 400,955.) (Revenue	
(Expenses \$ ⊥, ⊥02, ⊥/⊥• including grants of \$ 400, 955•) (Revenue 4e Total program service expenses ► 10, 395, 934.	7 / 71
4e Iotal program service expenses ► ±0,393,934.	e\$ 2,4/1 •)
	- 000
Cap Cabadula O for Contin	Form 990 (;
32002 11-11-16 See Schedule O for Contin	

Form 990 (2016) Community Council of Greater Dallas

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
		1	х	
2	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 1" Yes," complete Schedule A 2 2 Is the organization required to complete Schedule <i>P</i> , Schedule of Contributors? 2 3 Did the organization engage in dieter or indirect policical campaign activities on behalf of or in opposition to candidates for public office? II 'Yes,' complete Schedule <i>C</i> , Part II 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(i) election in effect 4 5 Is the organization as addinical in Revenue Procedule as B1917 'Yes,' complete Schedule C, Part II 5 6 Did the organization reactive or hold a conservation easement, including easements to preserve open space, the environment. Instoric land areas, or historic and reactive in such funds or accounts II 'Ves,' complete Schedule D, Part I 7 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environments II 'Ves,' complete Schedule D, Part II 7 8 Did the organization (nective or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or clussified and ansate and endownents II 'Ves,' complete Schedule D, Part V 9 9 Did the organization report an amount for leaset and organization, hold assets in temporarily restricted endowments, perm	2	Х	
3				
		3		х
4				
		4		х
5				
		5		Х
6				
		6		Х
7				
-		7		х
8				
		8		х
9	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for			
•				
		9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
		10		х
11				
а				
		11a	х	
b				
		11b		х
с				
		11c		Х
d				
		11d		Х
е		11e	Х	
		11f	Х	
12a				
		12a	Х	
b				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	'Yes, 'complete Schedule A. 1 the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for bible office? If 'Yes, 'complete Schedule C, Part I 3 tothe organization. Store the organization engage in lobbying activities, or have a section 501(b) election in effect actions 501(b) or 501(c)(b), or 501(c		Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
		16		X
17				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18				
		18		X
19				
	complete Schedule G, Part III	19		Х

Form **990** (2016)

632003 11-11-16

Control Ves No 20a Dd the organization operate one or more hospital facilities? If "Ves," complete Schedule H Za X 21 Dd the organization operate one or more hospital facilities? If "Ves," complete Schedule P and and M Za X 21 Dd the organization operate one than 55.000 of grants or other assistance to any domestic organization or domestic government on Part K, column (A), line 17 "I" Ves, "complete Schedule I, Part I and II Za X 22 X In organization operate the second of the organization or organization areas, key employees, and highest compensation of the organization's current and former offices, direction, trustees, key employees, and highest compensation of more than \$100.000 as of the schedule J W Vos (p to time 26 X 24 D the organization maintain an escrow account other than a retunding scrow at any time during the year to defease any tax-searent bondi Xe 25 Bott the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-searent bondi Xe 26 D the organization and the time angoed in an access benefit transaction with a disqualified parson during the year of the scalination maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-searent bondi Xe 26 D the organization and the intrenegaped in an access benefit transachon with a disqualifed parso		990 (2016) Community Council of Greater Dallas **-**() t IV Checklist of Required Schedules (continued)	631	P	age 4
20a Did the organization oparate one or more hospital facilities? If "Yes," complete Schedule I, much statements to this rotum? 20a X 21b Ud the organization report more than \$5,000 of grants or other assistance to any domestic organization and and organization and organization and organization more than \$5,000 of grants or other assistance to any domestic organization's current and former officers, directors, trustees, key employees, and highest compensated employees 11 "Yes," complete Schedule J, Parts I and II 22 X 22 Did the organization neover than \$5,000 of grants or other assistance to a for domestic individuals on Part IX, column (A), line 17 'IN's, "complete Schedule J, Parts I and II 22 X 22 Did the organization nave a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the assistance to service the second schedule Schedule J. 22 X 24a Did the organization nave at an exempt bond issue with an outstanding principal amount of more than \$100,000 as of the assistance to service the second schedule Schedule J. 24a X 24b Did the organization maintain an escore aware and the organization nave tax exempt bonds outstanding at any time during the year to defease any tax exampt bonds? 24d X 25a Section 501(c)(A), 501(c)(A), and 501(c)(A) and 501(c)(A) args of the organization ange is an excess benefit transaction with a disqualified person in a prior year. and that the transaction with a disqualified person All may the year? 24d X 25a				Vas	No
b 11 Yes' to fixe 203, dd the organization statch a copy of 15 sudiced financial statements to the submit? 200 11 bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization and the organization are port more than \$5,000 of grants or other assistance to any domestic organization are domestic organization are domestic organization area to the statement of the organization area than \$5,000 of grants or other assistance to or for domestic organization area to the statement of the organization area to the organization area to the organization area to the the organization area to the the organization area to the statement of the organization area to the organization area to the organization area to the organization area than the \$2.000 of grants or other assistance to a for domestic organization area to the statement of the organization area than the \$2.000 of the organization haves are account of the organization area than \$2.000 of the organization maintain an escrew account other than a refunding server at any time during the year to defease any tax sounds thoods? 240 2	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	
12 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), ine 2? If "Yes," complete Schedule I, Parts I and II 22 X 22 Did the organization nerver Yes, "to Yes," complete Schedule I, Parts I and II 22 X 23 Did the organization nerver Yes," to Yes, "to Yes," to a bout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of more than \$10,000 as of the last day of the vegnt Tat Was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'Ne', oo to line 25a 24a X 24a Did the organization meants an encrow account other than a refunding acrow at any time during the year? 24a X 24b Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person during the year? 24a X 25 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prorysar, and that the transaction with a disqualified person during the year? 26a X 25 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person?? If 'Yes,' complete Schedule L, Part I 25a					
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule L Parts I and II 21 X 20 Did the organization report more than 55,000 of grants or other assistance to of for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 X 20 Did the organization narwer "Yes" to Part IN, Bection A, line 3, 4, of a botu compensation of the organization's current and former differan, directors, fundess, key implyces, and rights complexes and rights (-complete Schedule I, IVes," complete Schedule I, IVes," complete Schedule I, IVes, "complete Schedule I, IVes," complete Schedule I, Part I, IVes, "complete Schedule I, Part I, IVes," complete Schedule I, Part I, IVes, "complete Schedule I, Part I, IVes," complete Schedule I, Part I, IVes, "complete Schedule I, Part I, IVes," complete Schedule I, Part I, IVes, "complete Schedule I, Part I 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut he organization angagin an excess benefit transaction with a disqualified person during the year? 24d 25a Schedule I, Part I 25a X 25a Ut the organization avare that engaged in an excess benefit transaction with a disqualified person during the year? 25d X 25a Ut the comparization avare that the ransaction in part orgenes and thathe transaction in part orgenes and there th					
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, complete Schedule I, Part X and M Schedule J. 22 X 23 Did the organization answer 'Yes' to Part VI, Section A, line 3, 4, or 5 about compensated employees? If 'Yes, 'complete Schedule J. 23 X 24 Did the organization have a tax-exempt bond issue with a outstanding principal amount of more than \$100,000 as of the liast day of the yaor, that was issue datro Dcomber 31, 2002? If 'Yes, 'answe' line 24 and complete Schedule A. If 'No', go to line 25a 24a X 24 Did the organization have a tax-exempt bond issue with a outstanding principal amount of more than \$100,000 as of the liast day of the yaor, that was issue datro Dcomber 31, 2002? If 'Yes, 'answe' line 24 dand complete Schedule A. If 'No', go to line 25a 24a X 24 Did the organization aware that any proceeds of tax-exempt bonds outstanding at any time during the year? Issue any tax-exempt bonds? 24d 24d 25 Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization aread as an 'on behalf of lissue for bonds outstanding at any time during the year? 24d 25a 26 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person on in a prory year, and that the transaction has not other assistance to an officer, director, trustee, ice yenployees, lighest compensated employees, ordisqualified persons? If 'Yes, 'complete Schedule L, Part II 25a X </td <td></td> <td></td> <td>21</td> <td>X</td> <td></td>			21	X	
23 Did the organization answer 'Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule U 23 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', to to line 25a 24a 24 Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25 Did the organization mixest as an 'on behaff of' issuer for bonds outstanding at any time during the year? 24d 26 Did the organization aware that it ongaged in an excess benefit transaction with a disqualified person of in a prior year, and that the transaction aware that it ongaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25a 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, key employees, highest compensated employees, or disqualified person? If 'Yes,' complete Schedule L, Part IV 26b X 28 Was the organization approxemptods, agrant or other assistance to an officer, director, trustee, or key employees, relaxabilies former officer, offered, trustee, or key employees, in a social schedule L, Part IV 27a X 29 Did	22				
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 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 yaor, that was issue date D competer 52,002? If "Yes," answer lines 24b through 244 and complete Schedule K. If 'No', go to line 25a 24a X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25 Did the organization aware that if 'issuer for bonds outstanding at any time during the year? 24c 24c 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction with a singualified person on in a prior year, and that the transaction number any of the organization spice Former of transaction with a singualified person? If 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization avain any on Un Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, rely employees, highest compensated employees, or disqualified person? If 'Yes,' complete Schedule L, Part IV 26a X 27 Did the organization avain to a busine transaction with one of the following parties (see Schedule L, Part IV) 27a X </td <td></td> <td>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</td> <td>22</td> <td>Х</td> <td></td>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 funcuity. 240 and complete Schedule L, 17% org. of outpaintation maintain an escore account other than a refunding escore wat any time during the year of defease and the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 24d Did the organization invest any proceeds of tax-exempt bonds outstanding earny time during the year? 24d X 25a Section 501(6)(3), 501(c)(4), and 501(c)(2) organizations. Dot the organization engage 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 ary entrem tor former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?? 25b X 27 Did the organization ary of the again or other assistance to an officer, director, trustee, key employee, substantial contribution or angular bemether, or to a 35% controlled entity or family member of any of these person?? If "Yes," complete Schedule L, Part II 28a X 28 Was the organization any end the officer, trustee, or key employee, substantial contribution or former officer, director, trustee, key employee, substantial contribution or family	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31,20027 II "Yes," answer lines 24b through 24d and complete Schedule I, If "No", go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization so that an excess benefit transaction with a disqualified person during the year? 25a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization is prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I 25a X 25b Did the organization area that It ongaged in an excess benefit transaction with a disqualified person of the organization's prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part I 25a X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26a X 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 28 A current or former officer, director, trustee, or key employee? II "Yes," comple					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; or to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ragae in an excess benefit transaction with a disqualified person during the year? 25a X 25b Did the organization axes that it engaged in an excess benefit transaction with at disqualified person in a prior year, and that the transaction is a prior year and that the transaction is prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization approved that 1 engaged in an excess benefit transaction with an oisqualified person in a prior year, and that the transaction with an or other assistance to an officer, director, trustee, exe y employees, theread, a grant selection committee member, or to a 35% controlled subtraling the year? 25b X 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part I/ 26a X 27 Was the organization carbon files (relactor, trustee, or key employee? If "Yes," complete Schedule L, Part I/ 27a X		Schedule J	23	Х	
Schedule K. If 'Nor' go to line 25a 24a X b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization maintain an escrow account other than a refunding serrow at any time during the year? 24d 24c 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 ouning the year? // 'Yes,' complete Schedule L, <i>Part I</i> 25a X 25b Did the organization act to an operation on an excess benefit transaction with a disqualified person in a prior year, and that the transaction nash to the neported on any of the organization's prior Forms 990 or 990 E2? If 'Yes,' complete Schedule L, <i>Part I</i> 25b X 26 Did the organization avare thereod, a grant sheet on people set, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, <i>Part I</i> 26b X 27 Did the organization avare thereod, a grant sheet on omittee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, <i>Part II</i> 27b 28 A current or former officer, director, trustee, or key employee, Schedule L, <i>Part IV</i> 28a X 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, <i>Part IV</i> 28a X 28a X <	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28b 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? 24c d Did the organization act as an 'on behalf off' 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 in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person any prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, highest complexes from or payables to any current or former officers, director, trustees, key employees, highest complexes backfule L, Part II 26b X 27 Did the organization approves thereod, a grant or other assistance to an officer, director, trustee, key employees for from of from or finders, director, trustee, or key employee for from some fragmination approves any to a business transaction with one of the following parties (see Schedule L, Part IV 27 X 28 M assistantial contributor or employee thereod, a grant or other assistance or key employee for frees, 'complete Schedule L, Part IV 28a X 28 M assistantial contributors of applicable filing thresholds, conditions, and exceptions): a A current or former officer, din		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? 24c d Did the organization at 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 on excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction name then reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization avere that it engaged in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule L, Part II 26b X 27 Did the organization aparty to a business transaction committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26b X 28 Mas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a		Schedule K. If "No", go to line 25a	24a		Х
any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I 25a X b Is the organization avare 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 or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // 'Yes," complete Schedule L, Part I 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial controlutor or employee thereort, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // 'Yes," complete Schedule L, Part II 27 X 28 Max the organization provide a grant or other assistance to an officer, director, trustee, is "complete Schedule L, Part IV 28a X 29 Was the organization and a party to a business transaction with one of the following parties (see Schedule L, Part IV 28b X 29 A current of 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 L, Part IV 28b	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or 990-E22 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, ubstantial contributor or employee thereof, a grant selection commute member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV 28a X 28 Was the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive ontro term or fifter, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV 28a X <td>с</td> <td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease</td> <td></td> <td></td> <td></td>	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization average 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 I 25b X 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 26b 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 II 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 Was the organization receive more thar science, trustee, or key employee (P "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more thar Sci.50.00 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more thar Sci.50.00 in non-c		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thered, 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 (or a family member thereof) was an officer, director, trustee, or key employee for a family member for a grant or other assistone and concesh contributions? If "Yes," complete Schedule L, Part IV 28a X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30a X 31 Did the organiza	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 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 officer, director, trustee, 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 threed, 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 II 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 30 X 31 Did the organization neceive contributions of art, historical treasures, or ouplet Schedule L, Part IV. 30 32 Did the organization neceive contributions of art, historical treasures, or ouplete Schedule M 30 X 31 Did the organization neceive contributions of art, historical treasures, or ouplete Schedule	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete 250 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 filing thresholds, conditions, and exceptions): 28a X 29 Did the organization receive more officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 20 Did the organization sell, exchange, dispose of, or tra		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 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 or any of these persons? If "Yes," complete Schedule L, Part IV 28 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 (or a family member thereof) was an officer, director, trustee, or indirect owner? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization sective contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization for applicable 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 orgenete Schedule L, Part IV 28b X 29 Did the organization receive contributions of art, historical treasures,	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 IV 26 X 28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of art, historical treasures, or key employee? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization one of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 31 X 32 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization sell,		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28e X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I 30 X 30 Did the organization ilquidate, terminate, or dissolve and cease operations? 31 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29. If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 32 X 3		Schedule L, Part I	25b		X
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 II 26 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): 28 X 28 X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 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 sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 X 34 Was the organization releave aching to transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 33 X 35 Did the organization own 100% of an entity disregarded as separate from the organization under	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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 II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 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 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 32 Did the organization neceive contributions 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 31 X 33 Did the organization nelated to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Ine 1 35a X 34 Was the organization nelated to any tax exempt or taxable entity? If "Yes," com		former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
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): 28a X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 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 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 X 33 Did the organization neated to any tax		complete Schedule L, Part II	26		<u> </u>
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 28 X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 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 31 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 sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I 33 X 32 Did 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 33 X 33 Did the organization neares to rome officer, director, trustee, or eaple asset on 512(b)(13)? If "Yes," complete Schedule R, Part II, IIII, or IV, and Part V, line 1 <t< td=""><td>27</td><td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial</td><td></td><td></td><td></td></t<>	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
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 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 liquidate, terminate, or dissolve and cease operations? 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 31 X 32 Did 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 33 X 34 Was the organization nearce way payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization nearce way payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
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 N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.2? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 X		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 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 (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director 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 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 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 sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization nucled to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35 Did th	28				
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 (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 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? 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 I 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 X S5b S5b S5b S5b		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 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 iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35 Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 X 30 X 35b 35b 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 V,	а		28a		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.28cX29Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M29X30Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M30X31Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I31X32Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II31X33Did 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 I33X34Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 134X35aDid the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?35aX36Section 501(c)(3) organizations. Did the organization make any transfers to an exampt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 236X37Did 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 inses 1Did the organization complete Schedule O and provide explanations in Schedule O for			28b		<u> </u>
 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 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did 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)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	С				
 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 I 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 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)? 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 35a Sections 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 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? 					
contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete 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 b If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 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	29		29		<u> </u>
31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete 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 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)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	30				
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 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, 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 b If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 37 X			30		<u> </u>
 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete Schedule N, Part II 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? // "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? // "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)? 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)? // "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? // "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? 	31				v
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 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)? 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 37 X		If "Yes," complete Schedule N, Part I	31		
 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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 35a 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 	32				v
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 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? 37 X	~~		32		<u> </u>
 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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? 	33				v
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 4 X	~		33		
 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 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? <i>If "Yes," complete Schedule R, Part VI</i> 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	34				v
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? 37 X	05-				
 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			358		- 11
 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	U		254		
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? 36 X	26		330		<u> </u>
 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? <i>If "Yes," complete Schedule R, Part VI</i> 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	50		36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		x
· · · · · · · · · · · · · · · · · · ·	38				
			38	x	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) Community Council of Greater Dallas **-**0	631	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 122			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С				
		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g				
h		7h		
8				
		8		
9				
а				
		9b		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 7 Organizations that may receive deductible contributions under section 170(c). a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8289 as required? 7f g If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 9a Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10b 10b 11a<				
a				
10-		40-		
		12a		
		10-		-
а		isa		
L				
a				
-				
		14-		x
				<u> </u>
0	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11a	000		

Form 990 (2016)
-------------------	-------

632005 11-11-16

20210730 756800 8435861

	Check if Schedule O contains a response or note to any line in this Part VI					[
ec	tion A. Governing Body and Management			<u></u>		
					Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			1
	If there are material differences in voting rights among members of the governing body, or if the governing					I
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		28			l
	Enter the number of voting members included in line 1a, above, who are independent					l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			0		ł
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		┨
3				3		
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form			3 4		1
5	Did the organization make any significant changes to its governing documents since the prior round Did the organization become aware during the year of a significant diversion of the organization's as			5		ł
6	Did the organization become aware during the year of a significant diversion of the organization state.			6		1
	Did the organization have members, stockholders, or other persons who had the power to elect or a			<u> </u>		1
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					ţ
-	persons other than the governing body?			7b		ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the followir	ng:			ţ
	The governing body?			8a	х	1
	Each committee with authority to act on behalf of the governing body?			8b	Х	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue Code.)				
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters, affiliat	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing	the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," describe			37	
_	in Schedule O how this was done			12c	X	_
3	Did the organization have a written whistleblower policy?			13	X	-
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approv		lent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v	1
	The organization's CEO, Executive Director, or top management official			15a	X	-
b	Other officers or key employees of the organization			15b	Х	
c -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
оа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		I
L	taxable entity during the year?			16a		┨
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint work was to evaluate and take at the area to evaluate the area of the		ltion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			165		l
<u></u>	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed None					-
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501)	(c)(3)s onlv) a	vailah	le	-
-	for public inspection. Indicate how you made these available. Check all that apply.	((, <u>(</u> -, e e, ,, ,) u		-	
		n in Schedule C))			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	finan	cial	
	statements available to the public during the tax year.		,,,			
0	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and record	ds: 🕨			
	Annice Reed - 214-871-5065					-
		75247				1

 Form 990 (2016)
 Community Council of Greater Dallas
 -*0631

 Part VII
 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Diana C. Dutton	0.50	Ē	Ë	5	ξe	E E	오			
Immediate Past President	0.50	x		x				0.	0.	0.
(2) Kenneth C. Broodo	0.50									
Director		x						0.	0.	0.
(3) Will Cobb	0.50							•		
Treasurer		x		x				0.	0.	0.
(4) Dora Saucedo Falls	0.50									
Director		x						0.	0.	0.
(5) Jorge Bracero	0.50									
Secretary		X		x				0.	Ο.	Ο.
(6) Zoyla R. Rabie	0.50									
Director		X						0.	Ο.	0.
(7) Sonja Romanowski	0.50									
Director		X						0.	0.	0.
(8) Jo Alch	0.50									
Director		Х						0.	0.	0.
(9) Jennifer Coleman	1.00									
President		Х		Х				0.	0.	0.
(10) Levi H. Davis	0.50									
Vice President		Х		Х				0.	0.	0.
(11) Christopher Bhatti	0.50							_	_	_
Director		Х						0.	0.	0.
(12) Benita Casey	0.50									
Director		Х						0.	0.	0.
(13) Nick Mysore	0.50								•	<u> </u>
Director	1 00	х						0.	0.	0.
(14) K. Leigh Schaefers	1.00								•	
Director		X						0.	0.	0.
(15) Peter K. Wahl	0.50							0	0	0
		X					<u> </u>	0.	0.	0.
(16) Christine Jha	0.50	x						0.	0.	^
Nominating Committee Chair	1.00	<u>^</u>						0.	0.	0.
(17) Charles Pulliam	1.00	x		x				0.	0.	0.
Parlimentarian			1					0.	0.	Eorm 990 (2016)

632007 11-11-16

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

7

Form **990** (2016)

Page 7

Form 990 (2016) Community	Counci	i1	of	ĒG	re	eat	e	r Dallas	**_***	063	1 Page	8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles	(C Posif heck n ss per d a dir	tion nore t son is	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other ompensation	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and related organizations	
(18) Barbara R. Glass Director	0.50	x						0.	C		0	•
(19) Kristi Sherril-Hoyl Director	0.50	x						0.	C		0	
(20) Laura M. Klein Director	0.50	x						0.	ſ		0	
(21) Ian Mutswiri Director	0.50	x						0.			0	_
(22) Heidi Pandya	0.50											
Director (23) Lori Stahl	0.50	X						0.		•	0	•
Director (24) Charlette Williams	0.50	Х						0.	C	•	0	•
Director (25) Sheriff Lupe Valdez	0.50	х						0.	C	••	0	•
Ex-Officio		x						0.	C	••	0	•
(26) Hector Cardenas Director	0.50	x						0.			0	
1b Sub-total c Total from continuation sheets to Part VI							>	0. 427,538.		•	0 52,364	•
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 							► or	427,538. eceived more than \$100		•	52,364	•
compensation from the organization											Yes No	<u>1</u>
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			-	• •			highest compensated e			3 X	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le cc	ompe	ensa	tion	and	ot	her compensation from			X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unre	elat	ed organization or indiv				
rendered to the organization? If "Yes," comp Section B. Independent Contractors	plete Schedul	e J fe	or sl	ich p	oerso	on					5 X	_
1 Complete this table for your five highest con the organization. Report compensation for t	-	-								ensatio	on from	
(A) Name and business								(B) Description of s		Com	(C) pensation	-
JT'S EXCLUSIVE DESIGNZ 7518 Dartmouth Drive, Row	vlett. T	rx	75	508	9			RESIDENTIAL CHORE MAINTE	REPAIR/	1	.55,323	_
ALL IN ONE SERVICES RESIDENT						RESIDENTIAL CHORE MAINTE	REPAIR/		.48,533			
ovo il cherry bereet, build		- 1	1 2	<u> </u>	<u> </u>			CHORD MAININ			40,555	•
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	ation 🕨				2	2			nore than			
See Part VII, Section	n A Cont	:ir	nua	ati		າ ສ ຂ	h	eets		Fo	rm 990 (2016	3)

	ty Counc:								**_**	0631
Part VII Section A. Officers, Directors,		mple	oyee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	heck	(all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensatio
	(list any hours for	irect				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatior
	related	e or c	tee			satec		(00-2/1099-00130)		and related
	organizations	ruste	l trus		ee	npen				organization
	below	dual t	tiona		nploy	st coi	-			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) Laurie Kidder	0.50		-	-						
Director		X						0.	0.	(
28) Dr. Venus Opal Reese	0.50									
Director		X						0.	0.	(
(29) Rev. Dr. Michael W. Waters	0.50								0	
Director	40.00	X						0.	0.	(
(30) Martha T. Blaine Executive Director	40.00	-		x				93,456.	0.	15,04:
(31) Vicki White	40.00							55,450.		13,04.
CFO				x				95,035.	0.	20,22
(32) Jacqueline West	40.00									
Deputy Director				Х				164,169.	0.	8,65
(33) Anthony Jackson	40.00								0	0 44
	40.00			Х				66,961.	0.	8,44
(34) Ken Goodgames CEO	40.00			x				7,917.	0.	
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	
			┞							
		-	\vdash		-	-				
		1								
otal to Part VII, Section A, line 1c								427,538.		52,36

632201 04-01-16

				ncil of (Greater Da	llas	**-***0	631 Page 9
Pa	rt VI	I Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII … (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a	69,025.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Am 0		Fundraising events						
Gift lar	d	Related organizations	1d					
imi,	е	Government grants (contribut	tions) 1e	11,401,709.				
rior S	f	All other contributions, gifts, gran	its, and					
ţ		similar amounts not included abo	ve 1f	81,107.				
onti o d	-	Noncash contributions included in lines						
σõ	h	Total. Add lines 1a-1f			11,551,841.			
				Business Code	40 504	10 501		
vice		Source Book Sales		900099	18,721.	18,721.		
Ser	b							
E ver	c							
Program Service Revenue	d							
Pro	e f	All other program service reve						
		Total. Add lines 2a-2f			18,721.			
	3	Investment income (including			,			
		other similar amounts)			20,667.			20,667.
	4	Income from investment of ta						
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory	100,000.	·				
	U	Less: cost or other basis and sales expenses	87,021.					
	c	Gain or (loss)						
		Net gain or (loss)	· · ·		12,979.			12,979.
a		Gross income from fundraisin						
Other Revenue		including \$	of					
šeč		contributions reported on line	e 1c). See					
erF		Part IV, line 18	а					
Ę		Less: direct expenses						
•		Net income or (loss) from fund	-	<u> </u>				
	9 a	Gross income from gaming ad						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan	-	····· •				
	iu a	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
İ	11 a	Miscellaneous Income		900099	2,471.	2,471.		
	b							
	с							
		All other revenue						
		Total. Add lines 11a-11d			2,471.			
	12	Total revenue. See instructions.		►	11,606,679.	21,192.	0.	33,646.
63200	9 11-1	1-16						Form 990 (2016)

20210730 756800 8435861

10

	990 (2016) Community Co t IX Statement of Functional Expens		eater Dallas		*0631 Page 1
	on 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respor				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,310,928.	4,310,928.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	731,780.	731,780.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,	,		
5	Benefits paid to or for members Compensation of current officers, directors,	200 207	228 212	76 109	2 096
6	trustees, and key employees	308,397.	228,213.	76,198.	3,986
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	3,738,187.	3,148,789.	589,398.	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,820.	69,225.	11,595.	
	Other employee benefits	701,140.	645,774.	55,366.	
10	Payroll taxes	337,774.	285,746.	52,028.	
а	Fees for services (non-employees): Management				
	Legal	33,548.	31,132.	2,416.	
	Accounting	55,540.	51,152.	2,410.	
е	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
•	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	358,763.	70,129.	216,634.	72,000
	Advertising and promotion	454,425.	397,369.	57,056.	
	Office expenses	131,123.	557,505.	57,050.	
	Information technology				
	Royalties Occupancy	277,951.	227,372.	50,579.	
	Travel	80,760.	76,512.	4,248.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	142,982.	130,013.	12,969.	
	Interest	-			
	Payments to affiliates				
	Depreciation, depletion, and amortization	7,424.		7,424.	
	Insurance				
	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.)				
	Miscellaneous	21,001.	12,755.	8,246.	
b	Risk Management	19,683.	18,063.	1,620.	
с	Subscriptions	11,794.	6,752.	5,042.	
d	Organization Dues	8,081.	5,382.	2,699.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	11,625,438.	10,395,934.	1,153,518.	75,986
	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 time if following SOP 98-2 (ASC 958-720)				Form 990 (201

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

art X	(2016) Community Cour Balance Sheet					***0631 Page
	Check if Schedule O contains a response or no	te to any line	e in this Part X			
				(A)		(B)
_				Beginning of year		End of year
1	Cash - non-interest-bearing			206 010	1	220 021
2	Savings and temporary cash investments			396,010.	2	330,23
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and f	ormer office	rs, directors,			
	trustees, key employees, and highest compens	ated employ	ees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual	ified persons	s (as defined under			
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr)	. Complete I	Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		407,610. 290,851.			
b	Less: accumulated depreciation	10b	290,851.	0.	10c	116,75
11	Investments - publicly traded securities			626,851.	11	633,79
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			4,748.	15	5,19
16	Total assets. Add lines 1 through 15 (must equ	al line 34) .		1,027,609.	16	1,085,98
17	Accounts payable and accrued expenses		17			
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV of So	chedule D	4,748.	21	5,19
22	Loans and other payables to current and forme	r officers, di	rectors, trustees,			
	key employees, highest compensated employe	es, and disq	ualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel	ated third pa	arties		23	
24	Unsecured notes and loans payable to unrelate	d third parti	es		24	
25	Other liabilities (including federal income tax, pa	ayables to re	lated third			
	parties, and other liabilities not included on line	s 17-24). Co	mplete Part X of			
	Schedule D			1,015.	25	49
26	Total liabilities. Add lines 17 through 25			5,763.	26	5,69
	Organizations that follow SFAS 117 (ASC 958	3), check he	re▶ X and			
	complete lines 27 through 29, and lines 33 a					
27	Unrestricted net assets			822,759.	27	608,14
28	Temporarily restricted net assets			199,087.	28	472,14
29	Permanently restricted net assets		<u></u>		29	
	Organizations that do not follow SFAS 117 (A	ASC 958), ch	neck here 🕨 📃			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ea				31	
32	Retained earnings, endowment, accumulated ir	ncome, or ot	her funds		32	
33	Total net assets or fund balances		[1,021,846.	33	1,080,28
34	Total liabilities and net assets/fund balances			1,027,609.	34	1,085,98

632011 11-11-16

Form	990 (2016) Community Council of Greater Dallas	**_*	**0631	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,60	6.6	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,62		
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,02		
5	Net unrealized gains (losses) on investments	5			00.
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	1,08	0,2	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other Mod. Ca	sh			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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 reviewer	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		37	
	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 requ			37	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	

Form **990** (2016)

632012 11-11-16

Name of the organization Community to constrain the constraint of the organization and constraint of the organization and provide the start.) Employee Identification number *= * * * * 0.631 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation of ducted selection of 1000(H (A)(R). A Actual constraint of the organization described in section 1700(H (A)(R). A Actual research organization constraint of actual resonant 1700(H (A)(R). A An organization organization described in section 1700(H (A)(R). A model resonant organization organization described in section 1700(H (A)(R)). A non-organization organization organization described in section 1700(H (A)(R)). A non-organization organization organization described in section 1700(H (A)(R)). A non-organization organization described in section 1700(H (A)(R)(R)(Complete Part II) B A commutity trust described in section 1700(H (A)(R)(R)(Complete Part II) B A commutity trust described in section 1700(H (A)(R)(R)(R)(Complete Part II)) B A commutity trust described in section 1700(H (A)(R)(R)(R)(Complete Part II)) B A commutity trust described in section 1700(H (A)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)(R)	SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ) PUDIIC CNARITY STATUS AND PUDIIC 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.								
Part I Reason for Public Charity Status (All organizations must complete this part). See instructions. The organization is role in prior formation bocause its (Form 1990 to mote box) A A succh, convention of orunches, or association of churches described in section 170(b)(1)(A)(l). A A model ar escenter 070(b)(1)(A)(l). (Attach Schedule E (Form 990 or 990-E2)) A model ar escenter 070(b)(1)(A)(l). (Attach Schedule E (Form 990 or 990-E2)) A model ar escenter 070(b)(1)(A)(l). (Complete Part II) A model are status or focus (Complete Part II) A forderal, state, or local government or governmental unit described in section 170(b)(1)(A)(l). A constraint that formally receives a subpart form agovernmental unit or from the general public described in section 170(b)(1)(A)(l)(. B A constraint that formally receives a subpart form agovernmental unit or from the general public described in section 170(b)(1)(A)(l)(. B A constraint that formally receives a subpart form agovernmental unit or from the general public described in section 170(b)(1)(A)(l)(. Complete Part II) B A constraint that formally receives a subpart form agovernmental unit or from the general public described in section 170(b)(1)(A)(l)(. Complete Part II) B A constraint that formally receives a subpart form agovernmental unit or from the general public described in section 170(b)(1)(A)(l)(A)(l)(A)(l)(A)(l)(A)(l)(A)(l)(A) oreated in conjunction with a land-grant college or university: IO an organization formalize	Name of the organization				0113 13 81			Inspection identification number		
The organization is not a private foundation because it is (For Ines 1 through 12, check only one box) A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990 EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital is envice organization described in section 170(b)(1)(A)(iii), A hospital or a cooperative hospital is envice organization described in section 170(b)(1)(A)(iii), C hotoganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), A comparization operated government or governmental unit described in section 170(b)(1)(A)(iv). A comparization that normally necevers a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 170(b)(1)(A)(i). (Complete Part II.) A community thust described in section 11 tab) (mb basices as acquired by the cognization described in section 11 tab) (mb basices as acquired by the cognization described in section 11 tab) (mb basices as acquired by the cognization described in section 509(a)(A). (Complete Part III.) A comparization organization departed exclusively for the therefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in a section 509(a)(A). (Sections A), and a table (A) and a section 100(a)(A). (Conclete Part II.) B comparization comparization described in performante ana		Community Coun	cil of Great	er Da	llas			*-**0631		
1 A chuch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A chood described in section 170(b)(1)(A)(iii). 3 A nondial research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and statu: 5 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)(v). 6 A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally neceves a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). 9 An anglicultural research organization described in section 170(b)(1)(A)(v). 9 An anglicultural research organization that normally neceves: (1) more than 33 1/3% of its support from contributions, membership feed, and grass necepits from achives stated to its owner thructions. 10 An organization opanization described in section 501(a)(a)(1) norm buth 33 1/3% of its support from contributions, membership feed, and grass necepits from achives into a governet thruction subject to cartina section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box in inter 12. 10 An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in inter 12. 11 An organization organization described in section 509(a)(1) or section 509(a)(2). See sectio	Part I Reason f	or Public Charity Status (All organizations must co	mplete thi	is part.) Se	ee instruction	S.			
2 A school described in section 170(b)(1)(A)(II). (Attrible School/de E/Gm 990 e790 E2).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 4 A noncontraction operated in conjunction with a hospital described in section 170(b)(1)(A)(III). 5 A noncontraction operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 X A noncontraction operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part III) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part III) 9 A againzation that normally receives: (1) more than 33 1/8% of its support from contributions. membership fees, and gross receipts from activities related to its exempt functions: subject to cartain exceptions, and (2) no more than 33 1/8% of its support from contributions. membership fees, and gross receipts from activities related to its exempt functions: subject to cartain exceptions, and (2) no more than 31 1/8% of its support from contributions. Tells (1) and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III) 11 Chan organization organiza	The organization is not a	private foundation because it is:	(For lines 1 through 12, c	heck only	one box.)					
 A hospital or a cooperative hospital service organization 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)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support form a governmental unit or from the general public described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support form ontipution with a land grant college or university: An any capitation that normally receives a substantial part of 100(b)(1)(A)(V) goversted in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support form grants. The organization after June 30, 1975. See section 509(a)(2). Complete Part II.) An organization organization described in sections 200(a) (1) or section 509(a)(2). See section 509(a)(2). Complet Part II.) An organization organization described in section s00(a) (2) or section 509(a)(2). See section 509(a)(2). Complet Part II.) An organization organization described in section 500(a)(2). See section 509(a)(3). Check the box in lines 12a through 12a that describes the type of supporting organization and complete lines 12e, 12a, and 12g. Type I. A supporting organization supervised or controlled in connection with its supported organization (b), by having controlled by its supported organization (b), by having controlled by its supported organization (b), by ha	1 A church, cor	vention of churches, or association	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).				
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). (Complete Part II.) 6 A decine distato, or tocal government rate unit described in section 170(b)(1)(A)(i). (Complete Part II.) 7 Man organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b)(1)(A)(i). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(iv). Complete Part II.) 9 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 toxabile income (less section 504(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 504(a)(2). 12 An organization organized and operated exclusively to the born of the functional (0, topical) by giving the public discribed in secriton 504(a)(1) or section 504(a)(2). See section 5	2 A school deso	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
 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)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from university: An organization that normally receives: (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions: vulpet to estimate exections and (2) con more than 33 13% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization from gross investment income and unrelated organization described in section 590(a) (2). See section 590(a)(3). Check the box in lines 12a ftorial fragmental supervised or controlled by its support of organization sections from (2). See section 590(a)(3). Check the box in lines 12a ftorial fragmental supervised or controlled by its support of organization sections from (2). See section 590(a)(3). Check the box in lines 12a ftorial fragmental supervised or controlled by its support of organization (4). Sections A and C. cite 1. A supporting organization specified and accuration and complete lines 12a, 12f, and 12g. d) Type II functionally integrated. Asupporting organization operated in connection with its supported organization(s) the power to regulary appoint or elect a majority of the directors of the supporting organization sp						•				
S 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)(v). 7 Machine and the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)(A)(v). 7 Machine and the benefit of a college or university owned or operated in section 170(b) (1)(A)(v). 7 Machine and the benefit of a college or university. 8 A community trust described in section 170(b) (1)(A)(v). Complete Part II.) 9 An agrinization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its averapt 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 150(a)(A)(A)(A). 10 An organization organization deperated exclusively to test for public safety. See section 509(a)(A). 12 An organization organization agrined and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization agrined and operated exclusively for the benefit of, to perform the functions (2, 12, and 12a). a Type I. A supporting organization operated. supporting organization agrined and operated exclusively for test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization safety. See section 509(a)(2). See sectin 509(a)(3). Check the box in lines 12a thro			njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
section 170(b)(1)(A)(b) (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 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 evenpt functions = subject to carrial 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.) 11 An organization organized and operated exclusively for thest for public safety. See section 509(a)(2). See section 509(a)(2). Complete Part III.) 12 An organization organized and operated exclusively for the benefit or, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization organized on organization 50(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization organization (b) tes supported organization(b), typically by giving the supported organization supervised or controlled in connection with its supported organization(b), typically by giving the supported organization supervised or controlled in connection with its supported organization(b), the supported org										
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 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 for gross investment income and unrelated business taxabile income (iess section 501 (a); (3); (5); (5); (5); (5); (5); (5); (5); (5			bliege or university owned	or operat	ed by a g	overnmental	unit descrit	bed in		
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(N). (Complete Part II.) 9 An anyonumity trust described in section 170(b)(1)(A)(N) operated in conjunction with a land-grant college or university or anon-inad-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-inad-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 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 contributions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(4). 11 An organization organized and operated, supervised, or controlled to prainzation (2), complete Part III.) 12 An organization organized and operated, supervised, or controlled on granizations of, or to carry out the purposes of one or more publicly supported organization described in 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. 12(a) rad 12g. 14 An organization organization supervised or controlled in connection with its supported organization(5), by paiving the supported organization supervised or controlled in connection with its supported organization(5), by paiving control or manage the supporting organization operated. Incomection with its supported organization(6), by must comple			nontal unit described in a	nation 17	016141141	6.0				
section 170(b)(1)(A)(vi). (Complete Part II). 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II). 9 An argunitumar isseance for organization described in section 170(b)(1)(A)(ki) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 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 for gross investment income and unrelated business taxabile income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III). 11 An organization organization appented exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization 509(a)(2). Chees totices 509(a)(2). Chees totices 509(a)(2). Chees totices of the supporting organization supported organization(s), typically by giving the supported organization supervised or controlled by its supported organization(s), typically by giving organization appented to septoring organization appented organization supervised or controlled in connection with its supported organization(s). The organization supervised or controlled in connection with its supported organization(s). The organization supervised or controlled in connection with its supported organization(s). The organization supervised organization operated in connection with as supported organization(s). <	(.						he general	public described in		
A community frust described in section 170(b)(1)(A)(iv), (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-inal-drigrant college of agriculture (see instructions). Enter the name, city, and state of the college or university. Io An agricultural research organization described in section 170(b)(1)(A)(ix) operated in 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)(3). 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. a Type II. A supporting organization supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type III Anotherinally integrated. A supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated the connection with its usported organization(s) tha	5	•		ioni a govo	erninentai		ine general			
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university: 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 (lees section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12 a through 120 that describes the type of supporting organization. All complete Inst 126, 127, and 129, and Type II. A supporting organization supervised, or controlled by its supported organization(s) the power to regularly apoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. c Type II. Touctionally integrated. A supporting organization operated in connection with, and functionally integrated with, it is supported organization(s) that is notuctions? You must complete Part IV, Sections A and AC. c Type III non-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, it is supp			(1)(A)(vi). (Complete Parl	: 11.)						
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:					d in conju	inction with a	land-grant	college		
university: university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 10e, 12f, and 12g. 11 An organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization power to regulary appoint or genetization and complete lines 12e, 12f, and 12g. 12 Type I.A supporting organization supervised, or controlled by its supported organization(s) by having control or management of the supporting organization supervised or controlled in connection with its supported organization(s) by having control or manage enstructions.) You must complete Part IV, Sections A and C. 12 Type II.A supporting organization operated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s)										
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(2)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in 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 12a, 12f, and 12a. a Type I. A supporting organization operated, supervised, or controlled by its supported organizations (5), typically by giving the supported organization supervised, or controlled in connection with its supported organization (5), the public safety. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(5). You must complete Part IV, Sections A and C. c Type II 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generalized in the same persons that control or manage the supported organization (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II functionally integrated. The organization generalized in the same persons that control or manage the support (see instructions) we purport (see instructions) wer	university:				-		-			
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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 124 through 124 that describes the type of supporting organization and complete lines 12e, 12r, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III non-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 and C. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. Supporting organization operated in connection with its supported organization(s) that is not functionally integrated. Supporting organization operated in connection with its supported organization(s) that is not functionally integrated. Supporting organization form the IIS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations generation (ii) New	10 🗌 An organizatio	on that normally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from		
See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. No organization operated supporting organization. f Enter the number of supported organizations complete Part IV, Sections A and D, and Part V. e Check this box if the organization supervised organization (W) Amount of monetary (W) Amount of other organization (B) EN ((B) EN	activities relat	ed to its exempt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment		
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions d, or to carry out the purposes of one or more publicly supported organizations described in 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. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support organization supporting organization to relect a majority of the directors or trustees of the supporting organization supporting organization to relect a majority of the directors or trustees of the support or organization (s) the power to regularly appoint or relect a majority of the directors or trustees of the support or organization (s) the power to regularly appoint or relect a majority of the directors or trustees of the support or organization operated in connection with its supported organization(s), by having control or manage the support of organization special in connection with supported organization(s). You must complete Part IV, Sections A and C. c Type III non-tincelionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization special in the IS that its a Type I, Type III non-tincenses requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. </td <td>income and u</td> <td>nrelated business taxable income</td> <td>e (less section 511 tax) fro</td> <td>om busines</td> <td>sses acqu</td> <td>ired by the o</td> <td>rganization</td> <td>after June 30, 1975.</td>	income and u	nrelated business taxable income	e (less section 511 tax) fro	om busines	sses acqu	ired by the o	rganization	after June 30, 1975.		
12 An organization organization 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. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised, or controlled to y its supported organization(s), typically by giving organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled to in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A support IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II. Type III functionally integrated, or Type organizations g Provide the following information about the supported organization(s). (ii) EIN (iii) EIN (iii) Comparized organizations (iv) Amount of monetary information about the support organization(s). g Provide the following information about the support organiza										
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. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. c Type III functionally integrated. A supporting organization operated in connection with its upported 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. e Check this box if the organizations complete Part IV, Sections A and Part V. f Enter the number of supported organizations (I) Numer of supported organizations (I) Pyrotide the following information about the supported organization(s). (I) Pyrotide the following information about the supported organization(s). (I) Pyrotide the following information about the supported organizations (I) Pyrotide the following information about the supported organization(s). (I) Pyrotide the following information about the supported organization(s). (I) Pyrotide the following information about the supported organization support (see instructions) above (see instructions). (I) Pyrotic (see instructions) (I) Pyrotic (see instructions) (I) Pyrotic (see instructions) (I) Pyrotic (see instructions) (I) Pyro	l l	•	•	-						
Inies 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support of management of the supporting organization and the support of the directors or trustees of the support of management of the supporting organization experised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type II 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, A, D, and E. d Type III onon-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization perated in connection with its supported organization(s) that is not functionally integrated and the organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. Type III mon-functionally integrated supporting organization. f Enter the number of supported organizations [(i)] (iii) ElN <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	0									
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization 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. c Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, it is supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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. e 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. g Provide the following information about the supported organization(s). g If it is a support of generalized in iteration is apport organization (ii) Ell integrated supporting organization. f enter the number of supported organization complete organization(s). If it is a support (see instructions) integrated or lines 1-10 integrated integrated integrated integrated integrated integrated integrated								Sneck the box in		
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. 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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization is apport (see instructions) where (see instructions) we (see instructions)								aivina		
organization. You must complete Part IV, Sections A and B. D 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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e C Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supported organization. f Enter the number of supported organizations g Provide the following information about the supported organization integrated on lines 1:10 (i) Name of supported (ii) EIN (iii) Type of organization (iv) Twpe of organization (iv) Amount of monetary (upport (see instructions)) (v) Amount of monetary (upport (see instructions)) (v) Amount of monetary (see instructions)) (v) Amount of monetary (see instructions) (v) Amount of monetary (see instructions) (v) Amount of monetary (see instructions) (v) Amount of monetary (see instructions)) (s										
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. 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. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Visit downing deciment (v) Amount of there openization support (see instructions) support (see instructions) support (see instructions) (i) Name of supported (iii) EIN (iv) advaring deciment support (see instructions) support (see instructions)				i majority c				apporting		
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. 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. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations				tion with its	s support	ed organizatio	on(s), by ha	vina		
organization(s). You must complete Part IV, Sections A and C. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization g Provide the following information about the supported organizations (i) (v) Amount of monetary (vi) Amount of other support organization (ii) EIN (iii) Type of organization (iii) Step organization (vi) Amount of monetary support (see instructions) above (see instructions) g Provide the following information about the supported organization (vi) Amount of monetary support (see instructions) above (see instructions) g Provide the following information about the support (see instructions) above (see instructions) g Provide the following organization (iii) EIN (iii) Type of organization (iii) EIN (see instructions) g Provide the following information about the support (see instructions) g Provide the following information about the support (see instructions) g Provide the following information about the support (see instructions) g Provide the following information about the support (see instructions) g Provide the following information about the support (see instructions) g Provide the following information about the support (see inst	••				• •	•		•		
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iii) EIN (iii) Type of organization (iv) fee organization (iv) Amount of monetary support (see instructions) (v) Amount of other support (see instructions) (v) Amount of other support (see instructions) (v) Amount of monetary support (see instructions) (v) Amount of monetary (support (see instructions) (support (see instructions)) (support (see instruct										
d 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. e 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (iii) EIN (iv) Is the organization listed (v) Amount of monetary support (see instructions) organization (iv) EIN (iv) Is the organization listed (v) Amount of monetary support (see instructions) organization (v) Amount of monetary support (see instructions) value (v) Amount of monetary support (see instructions) (v) Amount of complex (see instructions) (v) Amount of complex (see instructions) support (see instructions) (v) Amount of complex (see instructions) above (see instructions) (v) Amount of complex (see instructions) </td <td>c 🔲 Type III fun</td> <td>ctionally integrated. A supportin</td> <td>g organization operated</td> <td>in connect</td> <td>tion with, a</td> <td>and functiona</td> <td>Illy integrate</td> <td>ed with,</td>	c 🔲 Type III fun	ctionally integrated. A supportin	g organization operated	in connect	tion with, a	and functiona	Illy integrate	ed with,		
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. e 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) Type of organization (described on lines 1-10) above (see instructions)) yes No support (see instructions) f Ves No for a support (see instructions) f Ves No f Ves No	its supporte	ed organization(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.				
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e 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. f Enter the number of supported organization about the supported organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (ided organization (described on lines 1-10) organization (i) Name of supported (ii) EIN (iii) Type of organization (iii) Type of organization (described on lines 1-10) (iv) governing document? Yes No (v) Amount of monetary support (see instructions) (v) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of other support (see instru	d 🔄 Type III noi	n-functionally integrated. A supp	porting organization oper	ated in cor	nnection w	vith its suppo	rted organi	zation(s)		
e 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization organization (ii) Type of organization (diversible on lines 1-1) above (see instructions)) version (v) Amount of monetary support (see instructions) version version version (vi) Amount of other support (see instructions) version version		, , ,	0,				d an attent	iveness		
functionally integrated, or Type III non-functionally integrated supporting organization.										
f Enter the number of supported organizations		-				а Туре I, Туре	e II, Type III			
g Provide the following information about the supported organization (ii) EIN (iii) Type of organization (described on lines 1:10 above (see instructions)) (iv) Is the organization listed in yourgerming document? (v) Amount of monetary support (see instructions) organization (iii) EIN (iii) Type of organization (described on lines 1:10 above (see instructions)) (v) Amount of other support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see in										
(i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? Yes (v) Amount of monetary support (see instructions) (vi) Amount of other Image: Second Sec										
organization (described on lines 1-10 above (see instructions)) Yes No support (see instructions) support (see instructions)			(iii) Type of organization	(iv) Is the organ	nization listed	(v) Amount o	f monetary	(vi) Amount of other		
Image: Sector of the sector	organization					support (see i	nstructions)	support (see instructions)		
	Total									
		duction Act Notice, see the Inst	ructions for Form 990 o	r 990-EZ.	632021 09-	21-16 Sche	dule A (For	' m 990 or 990-EZ) 2016		

14 20210730 756800 8435861 2016.06000 Community Council of Greate 84358611

Schedule A (Form 990 or 990-EZ) 2016	Community	Council	of	Greater	Dallas	**-***0631	Page 2

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,622,230.	9,736,957.	10,104,805.	12,359,137.	11,551,841.	52,374,970.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	8,622,230.	9,736,957.	10,104,805.	12,359,137.	11,551,841.	52,374,970.
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)						
	Public support. Subtract line 5 from line 4.						52,374,970.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	8,622,230.	9,736,957.	10,104,805.	12,359,137.	11,551,841.	52,374,970.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	14,494.	10,533.	18,115.	20,559.	20,667.	84,368.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,718.		5,543.	5,039.	2,471.	17,771.
11	Total support. Add lines 7 through 10						52,477,109.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	104,651.
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						▶∟
	ction C. Computation of Public						
	Public support percentage for 2016 (I					14	99.81 %
	Public support percentage from 2015					15	99.82 %
1 6a	33 1/3% support test - 2016. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	•	•		•		
b	o 10% -facts-and-circumstances test	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th				· ·		
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule & (Form 990	or 990-E7) 2016

Schedule A (Form 990 or 990-E Z) 20 10

632022 09-21-16

20210730 756800 8435861

Schedule A (Form 990 or 990 EZ) 2016 Community Council of Greater Dallas Part III Support Schedule for Organizations Described in Section 509(a)(2)

-*0631 <u>Page</u>3

(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.)

Section A. Public Suppo	ort					
Calendar year (or fiscal year begir	ning in) ► (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions	, and					
membership fees received	. (Do not					
include any "unusual grant	s.")					
2 Gross receipts from admis merchandise sold or servic formed, or facilities furnish any activity that is related organization's tax-exempt	ees per- ed in to the					
3 Gross receipts from activit are not an unrelated trade						
iness under section 513						
4 Tax revenues levied for the	e organ-					
ization's benefit and either or expended on its behalf	° I					
5 The value of services or fa	cilities					
furnished by a government	tal unit to					
the organization without cl	narge					
6 Total. Add lines 1 through	5					
7a Amounts included on lines						
3 received from disqualifie	d persons					
b Amounts included on lines 2 and 3 from other than disqualified persons exceed the greater of \$5,000 or 1% amount on line 13 for the year	s that of the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c Section B. Total Suppor	from line 6.) t					
Calendar year (or fiscal year begir	ning in) ► (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interes dividends, payments recei securities loans, rents, roy and income from similar so	t, ved on alties					
b Unrelated business taxable inc	come					
(less section 511 taxes) from	businesses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated activities not included in lir whether or not the busines regularly carried on	ne 10b,					
12 Other income. Do not inclu or loss from the sale of cap assets (Explain in Part VI.)	ide gain bital					
13 Total support. (Add lines 9, 10c,						
14 First five years. If the Form	n 990 is for the organizatio	n's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) or	ganization,
check this box and stop h		-				<u></u>
Section C. Computation						
15 Public support percentage	for 2016 (line 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage					16	%
Section D. Computation	of Investment Incor	ne Percentage				
17 Investment income percen			ne 13, column (f))		17	%
18 Investment income percent	•				18	%
19a 33 1/3% support tests - 2	-					ine 17 is not
more than 33 1/3%, check						▶∟
b 33 1/3% support tests - 2	•					
line 18 is not more than 33						
20 Private foundation. If the	organization did not check	a box on line 14, 19	a, or 19b, check			
632023 09-21-16			16	Sch	edule A (Forn	n 990 or 990-EZ) 2016

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

Schedule A (Form 990 or 990-EZ) 2016 Community Council of Greater Dallas

-*0631 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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 C. 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, Ioan, 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.)

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

20210730 756800 8435861

17

Sche	edule A (Form 990 or 990-EZ) 2016 Community Council of Greater Dallas **-**	*063	1 Pa	aae 5
	rt IV Supporting Organizations (continued)			ige e
			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		
	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		
Sec	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	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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 yea(see instructions).			
a h	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
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	110
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	0-EZ	2016

20210730 756800 8435861

18 2016.06000 Community Council of Greate 84358611

Sche	edule A (Form 990 or 990-EZ) 2016 Community Council of Gr	eater	r Dallas	**-***0631 _{Page}
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		Part VI.) See instructions
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
ect	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		
ect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
ect	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	lly integra	ted Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Sche Par	dule A (Form 990 or 990-EZ) 2016 Community Cou:		r Dallas * anizations (continued)	*-***0631 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	(Form 990 or 990-EZ) 2016 Community Council of Greater Dallas **-**0631 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section	on C.
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	Part V
	(See instructions.)	
2028 09-21-1)-EZ
	21	

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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name of the	organization
-------------	--------------

	Community Council of Greater Dallas	**-***0631
Organization type (cheo		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (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	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
U U	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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 any one 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Page 2

Employer identification number

Community	Council	of	Greater	Dallas
community	COULICIT	OT.	Orcatt	Darrab

-0631

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Health & Human Services 909 West 45th Street, MC 2077 Austin, TX 78751	\$ 4,284,803.	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
2	North Central Texas Council of Governments PO Box 5888 Arlington, TX 76005-5888	\$ <u>255,305.</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	Area Agencies on Aging 701 W 51st Street, MC W275 Austin, TX 78751	\$ <u>5,656,858.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 Department of Family & Protective Services 2535 Ridgepoint Drive Suite 100 MC 2402 Austin, TX 78754	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Official Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

20210730 756800 8435861

23 2016.06000 Community Council of Greate 84358611

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Page 3

Employer identification number

Community Council of Greater Dallas

-*0631

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623453 10-18-16

20210730 756800 8435861

24

2016.06000 Community Council of Greate 84358611

me of organiz	ation			Employer identification numb
ommunnit	cy Council of Greater	Dallas		**-***0631
art III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, a	utions to organizations describe umns (a) through (e) and the fol	owing line entry. For org	(8), or (10) that total more than \$1,00 anizations
	Use duplicate copies of Part III if additional		or less for the year. (Enter this	s into. once.) 🕨 🔍
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				
		(e) Transfer of g	 ift	
	Transferee's name, address, and			of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	·	(e) Transfer of <u>c</u>		
	Transferee's name, address, and	.,		of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— <u>–</u>		(a) Transfor of a		
	Transferee's name, address, and	(e) Transfer of g		of transferor to transferee
454 10-18-16			Sci	nedule B (Form 990, 990-EZ, or 990-P

TAYDAVED CODY - DETAIN IN VOUD EILE

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	orm 990) 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. vartment of the Treasury Attach to Form 990.			
Name of the organizat	on Community Council o	of Greater Dallag		r identification number * * - * * * 0 6 3 1
Part I Organiz	ations Maintaining Donor Advised			
	n answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Funds a	nd other accounts
1 Total number at e	nd of year			
	f contributions to (during year)			
	f grants from (during year)			
	t end of year			
	n inform all donors and donor advisors in w		sed funds	
are the organizati	n's property, subject to the organization's e	exclusive legal control?		🖸 Yes 🛛 🗌 No
6 Did the organizati	on inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only	
for charitable pur	oses and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring	
impermissible priv				🗌 Yes 🗌 No
Part II Conserv	ation Easements. Complete if the orga	anization answered "Yes" on Form 990, I	Part IV, line 7.	
1 Purpose(s) of cor	servation easements held by the organization	on (check all that apply).		
Preservatio	of land for public use (e.g., recreation or ed	ducation)	orically important	land area
	f natural habitat	Preservation of a cert	ified historic struc	ture
	of open space			
	through 2d if the organization held a qualifi	ied conservation contribution in the form		
day of the tax yea				l at the End of the Tax Year
	onservation easements			
•	ricted by conservation easements			
	vation easements on a certified historic stru			
	vation easements included in (c) acquired a			
	al Register			
	vation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization dur	ing the tax
year 🕨				
	where property subject to conservation eas			
•	tion have a written policy regarding the peri			
violationa and an				
	orcement of the conservation easements it r hours devoted to monitoring, inspecting, I			

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	►\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? Yes

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
	conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

	For Department, Paduation Act Nation, and the Instructions for Form 000	Sebadula D (Form 000) 2016
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Schedule D (Form 990) 2016

No No

26

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@contrue@) I Using the organization's accession, and other records, check any of the following that are a significant use of its collection items a > Polic ortholition d b Scholarly research e Other c Previse a description of the organization's collections and explain how they further the organization's collection? Yes No Part IV Ecorov and Custodial Arrangements. Complete if the organization accession? Yes No Part IV Ecorov and Custodial Arrangements. Complete if the organization accession? Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Yes No b If Yes, "explain	Sche	dule D (Form 990) 2016 Communi	ty Council	of	Greate	er Dall	as		**_**	*0631	Page	2 •
check all that apply: □ Police collibition □ Contar □ Contar □ Preservation for thure generations □ Contar □ Preservation for thure generations □ Contar □ Contar □ Preservation for thure generations □ Contar □ Contretocon □ Contar	Par	t III Organizations Maintaining C	Collections of A	rt, Hi	storical T	reasures, o	or Othe	er Simi	lar Asse	ts(continu	ıed)	
a Public exhibition d local or exchange programs e Other	3	Using the organization's acquisition, accessi	ion, and other record	ds, che	ck any of the	e following that	at are a s	ignifican	t use of its	collection	items	
b Scholarly research e Other 4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Devide a description of the organization adjusted to a status of a status a status of a status of a status of a status		(check all that apply):			_							
c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets be sold to raise funds ratio than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, traatse, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	а	Public exhibition	c	ı [
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization acliection? Part IV JESCROW and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization include an amount on the intermediary for contributions or other assets not included on Form 900, Part X, line 21. Distributions during the year Id Additions during the year Id Distributions If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Y Endowment F Unds. Complete if the organization answered 'Yes' on Form 900, Part X, line 21. If the organization include an amount on Form 900, Part X, line 21. If Yes' explain the arrangement in Part XIII. Id Distributions If Yes' explain the arrangement in Part XIII. Id If Yes' assets not include an amount on Form 900, Part X, line 21. If Yes' on Form 900, Part X Y If the organization answered 'Yes' on Form 900, Part X, line 21. If Yes' or Part XIII If Administrative expenses Id If Yes' or Part XIII If Part Y If Administrative expenses Id Id If Yes' or Part XIII If Part Y If Yes' or Part XIII	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	Preservation for future generations										
tobe sold to raise funds rather than to be maintained as part of the organization is collection? Yes No Part W Escrow and Cutsodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The set organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No b If 'Yes, ' explain the arrangement in Part XIII and complete the following table: Amount Yes X No c Beginning balance 1d	4	Provide a description of the organization's ca	ollections and explai	in how	they further	the organizati	ion's exe	mpt purp	oose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial and orther intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ives X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Ives X No c Beginning balance Id Id Id Id e Distributions during the year Id Id Id Id e Distributions during the year Id Id Id Id Id e Distributions during the year Id <	5	During the year, did the organization solicit of	or receive donations	of art,	historical trea	asures, or oth	er simila	r assets				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Ives X No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Ives X No c Beginning balance 10 X Yes No <		to be sold to raise funds rather than to be m	aintained as part of	the org	janization's c	ollection?			🗌	Yes		10
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form \$90, Part X? Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 10 11 11 d Additions during the year 10 11 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account labity? X Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No a Beginning of year balance (a) Current year (b) Prive years back (e) Four years back<	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if th	ne organizatio	on answered	"Yes" on	Form 99	90, Part IV,	line 9, or		
on Form 990, Part X2		reported an amount on Form 990, Pa	rt X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id e Distributions during the year If e Distributions during the year If d Additions during the year Id e Distributions during the year If e Distributions during the year If d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountability? IX Part V Endowment Funds. Complete if the organization answered "ves" on Form 990, Part IV, line 10. IX a Beginning of year balance (e) Current year (e) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back c Administrative expenses <th>1a</th> <th>Is the organization an agent, trustee, custod</th> <th>ian or other intermed</th> <th>diary fo</th> <th>or contributio</th> <th>ns or other as</th> <th>ssets not</th> <th>include</th> <th>d</th> <th>_</th> <th></th> <th></th>	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary fo	or contributio	ns or other as	ssets not	include	d	_		
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year le blatholdure during the year during the year le blatholdure during the year du		on Form 990, Part X?							L	Yes	XN	ło
c Beginning balance tc td d Additions during the year td td Distributions during the year te td td f Ending balance te tf te f Ending balance ananount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b tf 'Yes, 'yes' on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b th' Yes, 'yes' on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Gontributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expendsues (b) Prior year (c) Two years back (e) Four years back f Administrative expendsues (f) Administrative expendsues (f) Administrative expendsu	b											
d Additions during the year 1d e Distributions during the year 1e 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 7 Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: (a) Column (a) held as: (a) Column (a) held as: 8 Board designated or quasi-endowment (b) % % % (b) Prior year % 9 Here endowment Iwdas not in the possession of the organization that are held and administered for the organization by: (i) unelated organizations										Amount		
d Additions during the year 1d e Distributions during the year 1e 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 7 Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: (a) Column (a) held as: (a) Column (a) held as: 8 Board designated or quasi-endowment (b) % % % (b) Prior year % 9 Here endowment Iwdas not in the possession of the organization that are held and administered for the organization by: (i) unelated organizations	с	Beginning balance						1c				
f Encling balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No b ft "Yes", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. IX Yes No Image: the interval of the organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: the organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: the organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: the organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered The organization answered The organization and programs Image: the organization answered The organization and programs Image: the organization answered Th												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrew parts Image: Complete if the organization for the for the organization for the organization for the organiz	е	Distributions during the year						1e				
b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Three years back (c) Two years (d) Three years back (e) Four years g End of year balance (c) Two years	f	Ending balance						1 f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Cher expenditures for facilities (a)	2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, fo	r escrow or c	custodial acco	ount liabi	lity?	X	Yes		ło
Image: the set of the expenditure of the current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Image: the set of the expenditures for facilities and programs Image: the set of facilities and programs Image: the set of facilities and programs Image: the set of facilities and programs Image: the set of the expenditures for facilities and programs Image: the set of facilities and programs Image: the set of facilities and programs Image: the set of facilities and programs Image: the set of the expenditures for facilities and programs Image: the set of facilities and programs Image: the set of facilities and programs Image: the set of facilities and programs Image: the set of the current year end balance (line 1g, column (ai) held as: Board designated or quasi-endowment Image: the facilities and programs Image: the facilities and programs Image: the set of the current year end balance (line 1g, column (ai) held as: Board designated or quasi-endowment Image: the facilities and programs Image: the facilities and programs Image: the set of the current year end balance (line 1g, column (ai) held as: Board designated or quasi-endowment Image: the provide work and the organization facilities and programs Image: the facilities and programs Image: the readowment Image: the readowneme Image: the provide and the organization facilities and programs Image: the provide and facilititities and facilities and facilities and programs	b										X	
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete i	if the organization ar	nswere	d "Yes" on F	orm 990, Par	t IV, line	10.				
b Contributions			(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	/ears bad	ck
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
c Net investment earnings, gains, and losses	b	Contributions										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % f A there endowment ▶ % in unrelated organizations (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) 3b f Yes" on line 3a(i), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property a Land b Buildings c Leasehold improvements d Equipment 4 007, 610. 290, 851. 116, 759.	с											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % f A there endowment ▶ % in unrelated organizations (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) 3b f Yes" on line 3a(i), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property a Land b Buildings c Leasehold improvements d Equipment 4 007, 610. 290, 851. 116, 759.	d	Grants or scholarships										
f Administrative expenses												
g End of year balance		and programs										
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) additions, and Equipment. Yes No 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes 'on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land												
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) unrelated organizations % (ii) related organizations % (ii) related organizations % b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? % 4 Describe in Part XIII the intended uses of the organization's endowment funds.	-		rent year end baland	ce (line	1g, column ((a)) held as:						
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (a) Cost 0, 610. (b) Cost 0, 851. (c) Arguings (c) Column (d) must equal Form 990, Part X, column (B), line 10c.) (b) Cost 0, 759. 	b	Permanent endowment	%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (a) Cost 0, 610. (b) Cost 0, 851. (c) Arguings (c) Column (d) must equal Form 990, Part X, column (B), line 10c.) (b) Cost 0, 759. 	с	Temporarily restricted endowment	%									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 116, 759.		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 116, 759.	3a	Are there endowment funds not in the posse	ession of the organiz	ation tl	hat are held a	and administe	ered for t	he orgar	ization			
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 116, 759.		by:									res N	о
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 116, 759.		(i) unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										3a(ii)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 407,610.290,851.116,759. e Other (Dumm (d) must equal Form 990, Part X, column (B), line 10c.)	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on	Schedule R	?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4	Describe in Part XIII the intended uses of the	e organization's endo	owmen	t funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	nent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	0, Part	IV, line 11a.	See Form 990	D, Part X,	, line 10.				
1a Land		Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumula	ted	(d) Book	value	
b Buildings			basis (investr	ment)	basis	(other)	de	preciatio	n			
b Buildings	1 a	Land										
c Leasehold improvements d Equipment 407,610.290,851.116,759. e Other d Equipment 116,759.116,759. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 116,759.												
d Equipment 407,610. 290,851. 116,759. e Other												
e Other					40	07,610.		290,8	351.	116	,759).
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												_
				X, colu	umn (B), line	10c.)				116	,759	۶.
		• • • • • • • • • • • • • • • • • • •	,						Schedule			

Schedu Part						-***0631	Page 3
	Complete if the organization answered "Yes"					-l - f	
	escription of security or category (including name of security)	(b) Book value	(C)	Method of v	aluation: Cost or en	id-of-year market v	alue
	ancial derivatives						
	sely-held equity interests						
(3) Oth	ner						
(A)							
<u>(B)</u>							
(C)							
(D)							
<u>(E)</u>							
(F)							
(G) (H)							
	Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨						
	VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 000, Dort IV	/ line 110 . Co	o Form 000	Dart V line 12		
	(a) Description of investment	(b) Book value			aluation: Cost or en	d-of-vear market v	alue
(1)						id of your market v	
(1)							
<u>(2)</u> (3)							
<u>(3)</u> (4)							
(1) (5)							
<u>(3)</u> (6)							
(7)							
(8)							
(9)							
	Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨						
Part							
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. Se	e Form 990,	Part X, line 15.		
	-	Description	,	,	,	(b) Book va	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	e 15.)			••••		
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11e or 1	11f. See Forn	n 990, Part X, line 2	5.	
1.	(a) Description of liability	,	(b) Book				
(1)	Federal income taxes						
(2)	Sales Tax Payable			499.			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►		499.			
	bility for uncertain tax positions. In Part XIII, provide		note to the ord	ganization's f	inancial statements	that reports the	
	anization's liability for uncertain tax positions under						XIII X

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 Community Council of Great				***0631	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	leturi	า.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				11 600	0 7 0
1	Total revenue, gains, and other support per audited financial statements			1	11,683	,879.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		77,200.	_		
b	Donated services and use of facilities			-		
С	Recoveries of prior year grants			-		
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,200.
3	Subtract line 2e from line 1			3	11,606	,679.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,606	,679.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					120
1	Total expenses and losses per audited financial statements			1	11,625	,438.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	. 2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				-
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	11,625	<u>,438.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,625	,438.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 2b:

The custodial funds listed in audited financial statements pertain to an	
employee fund - amounts deducted through a payroll deduction for employee	s
who wish to donate for the purpose of recognizing employees by purchasing	, ,
a small gift or assisting with a small office party on occasions like:	
marriage, birth, or adoption of children, and resignation of an employee.	

Part X, Line 2: <u>The Council is exempt from federal income taxation under Internal Revenue</u> <u>Code Section 501(c)(3), and contributions to it are tax deductible within</u> <u>the limitations prescribed by law. Accordingly, no provision for federal</u> <u>income tax is reflected in the accompanying financial statements. As of</u> <u>Schedule D (Form 990) 2016</u> <u>29</u> 20210730 756800 8435861 2016.06000 Community Council of Greate 84358611

Part XIII Su	rm 990 u pple	mental Inf	ormation	1 (continued)								-***0631 Pag
eptembe	er 3	0, 2017	, the	Council	ha ha	d no	uncer	tair	n tax	r positi	ons	that
ualify	for	either	reco	gnition	or	disc	losure	in	the	financi	al	statements.
											Scl	nedule D (Form 990)

20

-y

SCHEDULE I (Form 990) Department of the Treasury	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.										
Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.											
Name of the organization	y Council	of Greater	Dallas				Employer identification number **-***0631				
Part I General Information on Grant	s and Assistance										
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	ssistance?				, ,						
Part II Grants and Other Assistance					anization answered "	Yes" on Form 990 Par	t IV line 21 for any				
recipient that received more that	-										
1 (a) Name and address of organization or government		(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				
Special Health Resources for TX 402 N. 7th St. Longview, TX 75606	**-***5203	501(c)(3)	324,593.	0.			General Funding				
United Way of Central TX 604 N 3rd St Temple, TX 76501	**-***5728	501(c)(3)	232,890.	0.			General Funding				
CARLISLE ST. LEGAL SERVICE PO Box 1267 Ennis, TX 75120	**-***3491		5,700.	0.			General Funding				
CATHOLIC CHARITIES 1421 W Mockingbird Ln Dallas, TX 75247	**-***5221	501(c)(3)	114,066.	0.			General Funding				
CITY OF DUNCANVILLE 203 E. Wheatland Rd Duncanville, TX 75116	**-***4591	City of Duncanvi	le 95,432.	0.			General Funding				
CITY OF GRAND PRAIRIE 326 W Main St Grand Prairie, TX 75050		CITY OF GRAND PR	,	0.			General Funding				
 2 Enter total number of section 501(c)(3 3 Enter total number of other organization 	, 0	•	ie line 1 table		·····		27.				

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) Communit	y Council	of Greater	Dallas			*	*-**0631	Page
Part II Continuation of Grants and Othe	er Assistance to G	overnments and Organ	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)		
(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 non-cash assistance	(h) Purpose of grant or assistance	:
CITY OF HUTCHINS								
PO Box 500								
Hutchins, TX 75141	**-***5082	CITY OF HUTCHINS	43,170.	0.			General Funding	
CITY OF IRVING								
200 S Jefferson								
Irving, TX 75060	**-**0566	CITY OF IRVING	65,620.	0.			General Funding	
CITY OF LANCASTER								
240 Veterans Memorial Pkwy								
Lancaster, TX 75134	**-***0680	CITY OF LANCASTER	70,432.	Ο.			General Funding	
CITY OF MESQUITE								
PO Box 850137								
Mesquite, TX 75185-0137	**-***0606	CITY OF MESQUITE	82,669.	0.			General Funding	
CITY OF SEAGOVILLE								
702 N Hwy 175 Seagoville, TX 75159	**-***0663	CITY OF SEAGOVILI	E 69,901.	0.			General Funding	
	- 0005	CIII OF SEAGOVILL	15 09,901.	0.				
DALLAS COUNTY HHS								
2377 N Stemmons								
Dallas, TX 75207	**-***0905	DALLAS COUNTY TX	1,032,802.	Ο.			General Funding	
DALLAS COUNTY OASP								
2377 N Stemmons								
Dallas, TX 75207	**-***0905	DALLAS COUNTY TX	230,997.	0.			General Funding	
DEAF ACTION CENTER PO Box 191649								
Dallas, TX 75219-8504	**-**5599	501(c)(3)	28,520.	0.			General Funding	
Durrub, IA 15215-0504	5555	501(0/(5/	20,520.	0.				
JEWISH COMMUNITY CENTER								
7900 Northhaven Rd								
Dallas, TX 75230	**-***1847	501(c)(3)	30,244.	Ο.			General Funding	

Schedule I (Form 990)

		of Greater					* - * * * 0631 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE							
5402 Arapaho Rd							
Dallas, TX 75248	**-***2728	501(c)(3)	30,482.	0.			General Funding
LIFEROADS INC							
4051 Bethany Dr #701							
Addison, TX 75001	**-***9575		40,000.	Ο.			General Funding
MENTAL HEALTH AMERICA 201 Old Hewitt Rd Ste D							
	-9935	501(c)(3)	6 290	0.			Conoral Eurding
Waco, TX 76712-3548	9935	501(0)(3)	6,290.	0.			General Funding
THE SENIOR SOURCE							
3910 Harry Hines Blvd							
Dallas, TX 75219	**-***5555	501(c)(3)	318,456.	Ο.			General Funding
			,				
THE VISITING NURSE ASSOC							
1600 Viceroy, Suite 400							
Dallas, TX 75235	**-**0692	501(c)(3)	38,384.	0.			General Funding
VNA HOME							
1440 W Mockingbird Ln				_			
Dallas, TX 75247	**-**0692	501(c)(3)	921,858.	0.			General Funding
My Health My Resources of Tarrant							
County dba MHMR of Tarrant County							
- PO Box 2603 - Ft Worth, TX	** ****						
76113-2603	**-**9456	Tarrant County, '	X 61,387.	0.			General Funding
North Control Moura Council of							
North Central Texas Council of							
Governments - PO Box 5888 -	**-***5065	501(a)(2)	20.220	0.			Conoral Funding
Arlington, TX 76005-5888		501(c)(3)	20,330.	0.			General Funding
Believing in Our Future							
4232 S Westmoreland Dr							
Dallas, TX 75233	**-***2106	501(c)(3)	41,749.	Ο.			General Funding

Schedule I (Form 990)

art II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
Preeman Junior Development 20 Box 210767 Dallas, TX 75211	**-**8480	501(c)(3)	47,972.	0.			General Funding
International Foundation What About - 5729 Lebanon Rd Suite 144 - Frisco, TX 75034	**_**7992		76,275.	0.			General Funding
Rapturea Outreach Center 2771 Fordham Rd Dallas, TX 75216	**_**5575		30,964.	0.			General Funding
Renaissance Community Youth PO Box 801211 Dallas, TX 75380	**-***5063	501(c)(3)	51,111.	0.			General Funding
The People's Servant 1502 E Kiest Dallas, TX 75339	**-***0069	501(c)(3)	18,864.	0.			General Funding
Succeeding at Work 320 S RL Thornton Fwy Suite 100 Dallas, TX 75203	**-***1113	501(c)(3)	52,305.	0.			General Funding

Schedule I (Form 990)

Schedule I (Form 990) (2016)

Community Council of Greater Dallas

-*0631

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
Income support	34	34,014.	. 0.		
Residential repair	199	517,726.	. 0.		
Chore maintenance	23	47,541.	. 0.		
ealth maintenance - medical supplies	202	99,952.	. 0.		
Respite/Voucher	16	18,406.	. 0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:	····,		· (-),		

The organization ensures that assistance fits within the scope of the

organization's exempt purpose and benefits only individuals eligible for

this assistance.

Schedule I (Form 990) Community Counc	**-**0631 Page				
Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedule	e I (Form 990), Part I	11.)	
(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 non-cash assistance
Legal Assistance	462.	3,900.	0.		
	402.	3,900.	0.		
Personal Assistance	7.	3,884.	0.		
Respite In-Home	7.	5,600.	0.		
Homemaker homecare	1.	224.	0.		
Transportation	1.	533.	0.		
					1

Schedule I (Form 990)

SCI	HEDULE J	Compensation Information	-	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	16	
•		Compensated Employees		ZU	IU	,
Denar	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation about Schedule J (Form 990) and its instructions is at www.irs.gov/formation		Inspection		
Nam	e of the organization			identificati		mber
		Community Council of Greater Dallas	**_	***063	1	
Pa	rt I Question	s Regarding Compensation				ı —
_	.				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as, maid, chauffe	eur, chet)			
h	If any of the bayes	on line to are checked, did the examination follow a written policy regarding perment or				
b		on line 1a are checked, did the organization follow a written policy regarding payment or		16		
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		committee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in, or re-	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or re-	ceive 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.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b		ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	-				v
						X X
b		ation?		6b		
_		or 6b, describe in Part III.	_			
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		x
•		nes 5 and 6? If "Yes," describe in Part III		7		
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to i				x
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		- 11
9		id the organization also follow the rebuttable presumption procedure described in		9		
		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 000	0010
∟пА		eduction Act Notice, see the instructions for Form 390.	Schee	uule J (FOrr	11 990	1 20 10

20210730 756800 8435861

Schedule J (Form 990) 2016 Community Council of Greater Dallas **-**0631 Page 2

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	(E) Total of columns (F) Compensa		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) Jacqueline West (i)	123,624.	0.	40,545.	0.	8,656.	172,825.	0.	
Deputy Director (ii		0.	0.	0.	0.	0.	0.	
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii)								
(ii								
(i)								
(ii								
(i)								
(ii								

-*0631 Page 3

Schedule J (Form 990) 2016

Community Council of Greater Dallas

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.

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	-EZ	OMB No. 1545-0047 2016 Open to Public				
Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/f		Inspection identification number			
Name of the organization	Community Council of Greater Dallas		* * 0631			
Form 990, Pa	rt I, Line 1, Description of Organization Mis	sion:				
priority iss	ues and solutions in the human services arena	, conv	ening			
partners to	significantly impact service delivery, and in-	creasi	ng			
awareness of	and access to services.					
Form 990, Pa	rt III, Line 4a, Program Service Accomplishme:	nts:				
drinks to 21	4 residents.					
- Incom	e Support: Assistance to 51 individuals in th	e form	of a			
third-party	payment for services that support the basic n	eeds o	f the			
older adults	. For example: Rent, Mortgage or Utility paym	ent				
assistance.						
- Instr	uction and training provides experience or kn	owledg	e to			
2,591 indivi	duals or professionals working with older ind	ividua	ls.			
- Chore	- Chore Services: Assistance with heavy duty tasks for 1,919					
residents su	ch as heavy cleaning, moving heavy furniture,	maint	enance			
of yard or h	parding clean-up.					
- Respi	te Services: Temporary relief for 5,758 careg	ivers	through			
services provided either through the Senior Companion program or						
through a vo	ucher system.					

- Legal Services provided to 449 individuals.

The Benefits Counseling program offers three components: certification training, education and counseling.

The Care Coordination and the Caregiver Support Program assess the

needs of older individuals to effectively plan, arrange, coordinate andLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)632211 08-25-16

40

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

Schedule O (Form 990 or 990-EZ) (2016)	Page 2				
Name of the organization Community Council of Greater Dallas	Employer identification number **-**0631				
follow-up on services which most appropriately meet the identified					
needs of the client and/or caregiver. In FY 17 the Care C	oordination				
and Caregiver program aided 760 older adults, including:	Personal				
Assistance to 532 individuals to assist on a limited basi	s with				
activities of daily living; Residential Repair assistance	to 237				
individuals with minor home repairs based on health and s	afety needs				
that allowed the client to remain in their home. It also hosted 36					
events for Caregiver information services.					

The Dallas Area Agency on Aging sub contracts for most of its services prescribed by the Older American Act. The Transportation-Demand/Response is a support program that takes an older adult from one location to another but does not include any other activity. In 2017, it provided 90,976 rides to individuals.

In FY '17, 220,362 home delivered meals were provided through VNA or JFS. The Home delivered meal program delivers nutritionally balanced meals to home bound elderly who are unable to prepare their own meals. In Fy '17 303,250 Congregate meals were delivered to sites, which provide a noon day meal for older adults in Dallas County.

The Ombudsman program is contracted with the Senior Source. There are thirty-one Ombudsman volunteers who identify, investigate and attempt to resolve complaints and concerns made by or on behalf of residents of nursing home and assisted living facilities.

Evidence-based Programs: To provide intervention to an older individual

based upon the principles of evidence-based disease prevention 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 41 20210730 756800 8435861 2016.06000 Community Council of Greate 84358611

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

Name of the organization

Community Council of Greater Dallas

Page 2 Employer identification number **-**0631

programming.

These programs include activities directly related to establishing or expanding the following interventions based on applying principles of scientific reasoning, behavior change theory, and program planning. Chronic Disease Self-Management: Encourages older adults and adults with disabilities to manage ongoing health conditions. Diabetes Self-Management: Encourages older adults to manage diabetes and increase confidence for healthy living. A Matter of Balance: Helps older adults learn practical strategies to reduce their fear of falling and increase their activity. HomeMeds: Providing in home medication assessment, computerized screening and alert process to identify medication problems and review by pharmacist with the objective to help prevent falls, dizziness, confusion, and other medication related problems. Stress Busting Program for Family Caregivers: Focuses on relaxation and stress management techniques to help caregivers learning to cope while caring for a loved one with Alzheimer's disease or related dementia.

Form 990, Part III, Line 4b, Program Service Accomplishments:
- In 2017 - 11,016 consumers assisted with enrollment with
CHIP/Children's Medicaid Application
- The Connecting to Kids program deploys bi-lingual staff in a 5-county
area including Dallas, Collin, Denton, Rockwall and Tarrant Counties.
- In 2017 - 6,410 families assisted
- In 2017 - 13,700 kids assisted
- In 2017 - 383 Supplemental Nutrition Assistance Program (SNAP)
applications. SNAP offers nutrition assistance to eligible, low-income
632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

20210730 756800 8435861

Name of the organization Community Council of Greater Dallas	Employer identification number **-**0631
individuals and families and provides economic benefits t	co communities.
SNAP is the largest program in the domestic hunger safety	
- In 2017 - 6 women qualified for the Texas Women Health	
(TWHP). Our Certified Navigators help to determine if the	
eligible. Women must apply for the program and be approv	
services and our Navigators help determine qualifications	
programs featured are Healthy Texas Women initiative, the	
Planning Program and Breast and Cervical Cancer Services	
- In 2017 - 196 women qualified for the Pregnancy Medicai	
received assistance with enrollment. This aid is for pre-	
with little or no income, offering health-care benefits of	
pregnancy and up to 2 months after birth of the baby. Ber	
- Doctor visits	
- Drugs ordered by a doctor	
- Labor and delivery	
- Lab tests and X-rays	
- Hospital care	
- Glasses	
- Rides to the doctor	
Form 990, Part III, Line 4c, Program Service Accomplishme	ents:
No matter where you live in Texas, you can dial 2-1-1, or	c (877)
541-7905, and find information about resources in your lo	ocal community.
Whether you need help finding food or housing, child care	e, crisis
counseling or substance abuse treatment, one number is al	ll you need to
know. In partnership with Community Council, 2-1-1 North	n Central
Texas: Dallas also serves the Dallas Area Agency on Aging	g and
distributes Emergency Funds through the Community Council	l's Community
532212 08-25-16 Sche	edule O (Form 990 or 990-EZ) (201

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Community Council of Greater Dallas	Employer identification number **-**0631
Services Block Grant; and provides after hours support to	North Central
Texas Council of Governments (COG); United Way Smith Coun	ty (Tyler);
and United Way Abilene and Hopkins County Community Actio	n Network
(Sulphur Springs).	
In FY '17 2-1-1 North Central Texas: Dallas answered and	responded to
324,127 calls, which related to the following:	
- 134,704 Calls answered and responded to regarding	public
benefits (SNAP, Medicaid, CHIP, TANF, Medicare Savings pr	ogram)
- 30,898 Calls answered and responded to regarding u	tility
assistance (electric, gas and/or water)	
- 22,989 Calls answered and responded to regarding r	ental
assistance	
- 20,695 Calls answered and responded to regarding h	ousing
- 19,896 Calls answered and responded to regarding f	ood assistance
(food pantries)	
- 94,945 Calls answered and responded to regarding v	arious other
needs	
Form 990, Part III, Line 4d, Other Program Services:	
COMMUNITY YOUTH SERVICES:	
Since 1996, Community Council has managed as the fiscal a	gent, the
Dallas Community Youth Development program, the "brainchi	ld" of the
74th Texas Legislature in 1995. Its purpose is to provide	funding
assistance toward community collaborations designed to al	leviate family
and community conditions that lead to juvenile crime, thr	ough
prevention programming for children ages 6-18, with a tar	get age range
of 10-17. The collaborations are made up of community-bas 632212 08-25-16 Sched	ed resources dule O (Form 990 or 990-EZ) (2016
44	

20210730 756800 8435861

2016.06000 Community Council of Greate 84358611

⁴⁴

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Community Council of Greater Dallas	Employer identification number **-**0631
that provide services to promote a legacy for its young p	people that
support positive character development, self-esteem, and	confidence.
For more than 23 years, the Dallas Community Youth Develo	opment (CYD)
has provided community-based delinquency prevention and 1	eadership
development services to children and youth who live in th	e Dallas zip
code communities of 75216 and 75217. CYD seeks to build s	trong,
literate, and empowered children and youth prepared to ma	.ke a
difference in themselves, their families, communities, na	tions and the
world today.	
In 2017, 2,194 youths were served. All participants rema	ined 100%
arrest free. The demographics include the following:	
- 1426 African-Americans	
- 768 Hispanics	
- 636 Males	
- 1,558 Females	
Age range of participants:	
- 667 participants 7-10 years of age	
- 901 participants 11-14 years of age	
- 626 participants 15-17 years of age	
Expenses \$ 720,219. including grants of \$ 400,955. Re	evenue \$ 0.
MACRA:	
The Medicare Access and CHIP Reauthorization Act (MACRA):	Connecting
Kids to Coverage: Outreach and Enrollment Cooperative Agr	eements,
establishing and developing application assistance resour	
high quality, reliable CHIP/Medicaid enrollment and renew	
local communities, focusing on Hispanic households with 1	
	dule O (Form 990 or 990-EZ) (2016)
210730 756800 8435861 2016.06000 Community Council o	of Greate 84358611

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Community Council of Greater Dallas	Employer identification number * * - * * * 0631
proficiency in local communities and CHIP & WIC PLUS Prog	ram, to
increase access to affordable comprehensive healthcare fo	r children,
with a goal to increase the number of insured low-income	and
middle-income children in Dallas.	
In 2017, 169 applications were received for CHIP Perinata	l program
which assists pregnant women who can't get Medicaid and d	on't have any
other health coverage. Benefits include:	
- Prenatal doctor visits	
- Drugs ordered by a doctor	
- Prenatal vitamins	
- Labor and delivery	
- Checkups and other benefits for the baby after lea	ving the
hospital	
Our Certified Navigators guide the consumer through some	basic
questions in the prescreening tool to find which benefits	and support
services they are eligible to receive including 13 Applic	ations for the
Temporary Assistance for Needy Families (TANF) program, w	hich is
designed to help needy families achieve self-sufficiency,	and 56
Applications for Elderly Medicaid.	
Our certified Navigators held 198 community events to pro	vide education
or resource information.	
Expenses \$ 394,526. including grants of \$ 0. Revenue	\$ 0.
COALITIONS AND PLANNING:	

Provided oversight, representation and input at local coalitions,

events, and initiatives focused on children and family welfare.

632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)							
	46							
20210730 756800 8435861	2016.06000 Community Council of Greate 84358611							

	Darra O						
Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Community Council of Greater Dallas	Page 2 Employer identification number **-**0631						
Participated and served on leadership team for Dallas Area Coalition							
for Hunger Solutions. Provided representation at the following local							
coalitions: Dallas ACA Coalition; Children's Health Alliance Coalition;							
Texas CHIP Coalition. 4,112 individuals attended the Get	Kidz Fit Fest.						
Provided oversight for University of North Texas Health S	cience						
Center's Obesity Outreach & Prevention Initiative in 3 lo	w-income						
neighborhoods. Facilitated 36 Dallas County CHIP coalitio	n meetings and						
22 DACPCO (Dallas Area Coalition to Prevent Childhood Obe	sity)						
meetings. Conducted survey, collected data, and published	the DFW Area						
Nonprofit Salary and Benefits Survey.							
Expenses \$ 67,426. including grants of \$ 0. Revenue \$ 2,471.							
Form 990, Part VI, Section B, line 11b:							
The Form 990 is reviewed by the Senior Director of Accoun	ting, the Chief of						
Staff, the CEO, and the Finance Committee prior to submis	sion to the IRS.						
A copy is then provided to the entire Board prior to it b	eing filed with						
the Internal Revenue Service. Policies were drafted to i	mplement a formal						
review by the Finance Committee prior to filing.							
Form 990, Part VI, Section B, Line 12c:							
At the beginning of each year every employee and Board of	Directors member						
must sign a conflict of interest form noting any possible	conflict of						
interest. Supervisors and directors are responsible for	monitoring and						

reporting any possible conflict of interest.

	Form	990), Par	rt VI	I, Sec	tion	В,	Line	15:								
	The	boar	d of	dire	ectors	rev	iews	and	app	roves	the	salary	of	the	CEO.	The	CEO
	then	rev	views	and	appro	ves	the	sala	ries	of c	ther	person	nel	to	ensur	e tha	at it
	632212 08	8-25-16											Sched	ule O (I	Form 990	or 990-E	Z) (2016)
										47							
20	21073	30 7	56800	843	5861		201	16.06	000	Comm	unity	Counc	il o	f Gi	reate	8435	8611

 Schedule O (Form 990 or 990-EZ) (2016)
 Page 2

 Name of the organization
 Employer identification number

 Community Council of Greater Dallas
 -0631

is comparable to other organizations and commensurate with their

performance. Any salary increases are determined by merit, in compliance

with the Non Profit Salary Survey and budget constraints.

Form 990, Part VI, Section C, Line 19:

The organization makes all governing documents, financial statements, and

its conflict of interest policy available upon reasonable request.

Form 990, Part XII, Line 1

No change has been made in the method of accounting from the prior

year. The modified cash basis of accounting is used.

Form 990, Part XII, Line 2c

The responsibilities of the finance/audit committee are unchanged from

prior years.

632212 08-25-16

Form **8868** (Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Enter filer's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or						
print								
File by the	Community Council of Great		**-***0631					
due date for filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.					er (SSN)		
return. See	1341 W. Mockingbird Lane,							
instructions.	Dallas, TX 75247							
Enter the	Enter the Return Code for the return that this application is for (file a separate application for each return)							
Applicati	on	Return	Application					
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)	I) C				
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 990	-T (trust other than above)	06	Form 8870	12				
 If this is box ▶ [1 read for f ▶ [▶ [organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or tax year beginning OCT 1, 2016 OCT 1, 2016 tax year entered in line 1 is for less than 12 months, of chease in exceptible particip	Group Exe and atta Augus organizatio	emption Number (GEN) I ch a list with the names and EINs of st 15, 2018 , to file on's return for: d ending SEP 30, 2017	f this is fo all memb	r the whole g pers the exter npt organizati	nsion is for.		
	Change in accounting period		enter the tentetive tex less any		1			
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, 01 0009,	enter the tentative tax, less any	20	¢	0.		
nonrefundable credits. See instructions. 3a \$								
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.		
-	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, Image: Comparison of the second se							
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						0.		
					1			
instruction						o co ioi payment		
		soo inot-	uctions		Form 0	868 (Rev. 1-2017)		
instructio	If you are going to make an electronic funds withdrawa ns. or Privacy Act and Paperwork Reduction Act Notice			453-EO a	<u> </u>			

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

623841 01-11-17

20210730 756800 8435861