CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Department of the Treasury

632001 11-11-16

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

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

Open to Public

Form 990 (2016)

Inter	nal Rev	enue Service	▶ Information a	bout Fo	rm 990 ar	d its instruc	tions is	s at www.ir.	s.gov/form990.		Inspection
Α	For th	ne 2016 calend	ar year, or tax year beginnii	ng J.	AN 1,	2017	and	ending J	UN 30, 2	017	
В	Check is applicat	C Name of	forganization						D Employer id		ation number
	Addr chan	EAST	END COMMUNITY	SER	VICES	CORPOR	εΔΨΤά	ON			
F	Nam	e Doing bu	usiness as	Dar	VI CLD		****	021	3	1-15	08554
	Initia		and street (or P.O. box if mail i	s not deli	ivered to str	eet address)	790.10	Room/suite	E Telephone n		00334
	Final		XENIA AVE.	o not don	140100 10 011	oot address;		110011/Julio			59-1898
	termi ated	n-	own, state or province, count	ny and	7IP or fore	ian nostal co	nde .		G Gross receipts \$		608,423
Г	Amer	nded Darrin	ON, OH 45410	1,, 0.10	ZII 01 1010	igii pootai oo	uo		H(a) Is this a gr		
F	Appli		nd address of principal office	r·					for subord		
	pend		AS C ABOVE						H(b) Are all subord		
1	Tax-ex	cempt status:)-	◀ (insert r	00.) 494	7(a)(1) d	or 527	The state of the s		st. (see instructions)
			EAST-END.ORG		(.0.,	. V. V. V.	., 02.	H(c) Group exe		The second secon
_		f organization:		Ass	sociation	Other >		L Year			State of legal domicile: OF
	art I	Summary						12 1001	or formation.	7 101	otato or logar dominono. Oz
4)	1	Briefly describ	e the organization's mission	or most	significant	activities: T	HE N	MISSIO	N OF EAS'	r en	D
č			TY SERVICES COR								
Activities & Governance	2		X if the organization								
ove	3		ing members of the governing		F F	21					
Ğ	4		ependent voting members of				ne 1b)			4	21
Se	5	Total number of	of individuals employed in cal	lendar y	ear 2016 (F	Part V, line 2a	a) .			5	-
Viţi	6		of volunteers (estimate if nece								(
cti	7 a	Total unrelated	business revenue from Part	VIII, col	lumn (C), lii	ne 12				7a	0.
4			business taxable income fron							7b	0.
									Prior Year		Current Year
Revenue	8	Contributions	and grants (Part VIII, line 1h)						826,60	08.	333,697.
	9	Program service	ce revenue (Part VIII, line 2g)						693,54		274,112.
leve	10	Investment inc	ome (Part VIII, column (A), lin	es 3, 4,	and 7d)					32.	42.
Щ	11		(Part VIII, column (A), lines 5,						3,41	L7.	572.
	12	Total revenue -	add lines 8 through 11 (mus	t equal l	Part VIII, co	olumn (A), line	e 12)		1,523,65	53.	608,423.
	13	Grants and sin	ants and similar amounts paid (Part IX, column (A), lines 1-3)							0.	0.
	14	Benefits paid t	o or for members (Part IX, co	lumn (A)), line 4)				2	0.	0.
es			compensation, employee be						1,255,02	21.	556,409.
Expenses			ndraising fees (Part IX, colum							0.	0.
X			ng expenses (Part IX, column				7,83				
ш			s (Part IX, column (A), lines 1						499,54		192,325.
			s. Add lines 13-17 (must equa						1,754,56	2.	748,734.
	19	Revenue less e	expenses. Subtract line 18 fro	m line 1	12				-230,90	9.	-140,311.
Sor								Вед	inning of Current		End of Year
Net Assets or Fund Balances	20	Total assets (P							1,516,90		1,038,864.
etA	21								83,00		97,616.
	_		und balances. Subtract line 2	1 from I	line 20				1,433,89	7.	941,248.
	art II	Signature								7 14 DK 10 70T	
			declare that I have examined this								nowledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer (other tha	an officer) is based o	n all informatio	on of whi	ch preparer	has any knowledge.		
٥.		Signature	of officer		EL /	I TILLER	חבט	DY	Date		
Sign		DEC 350		\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Manager and the second			FLAGEL	Date		
Her	е		LEPORE – JENTLESC int name and title	M, E	EXECO.	FYEDI	RECI	DRIVE			
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De!-	1	Print/Type prep		[1	Preparer's s	10000	20.04	39-2304	if		PTIN
Paid			DIRKSEN	ET AC	יהיד	(937) 25	99-34	UU L		employed	P00189814
	arer		FLAGEL HUBER			16			Firm's EI		31-0796034
Use	Ully	riiii s address _l	3400 SOUTH DI		DKIAE	ì			DL	/025	71200 2400
Mari	the II	De discuss this	DAYTON, OH 45		100 (000 !	trustic\			Pnone no	. (93	7)299-3400 X Yes No
ividy	ule II	เบ นเธยนธร เกเร	return with the preparer show	wii adov	er (see ins	structions)					X Yes No

	rt III Statement of Program Service Accomplishments
га	
4	
1	Briefly describe the organization's mission: THE MISSION OF EAST END COMMUNITY SERVICES CORPORATION IS TO BRING
	ABOUT A PROSPEROUS, CARING AND HEALTHY COMMUNITY THAT NURTURES
	CHILDREN TOWARD SUCCESS. EAST END'S PROGRAMS AND SERVICES INCLUDE
	PARENT EDUCATION AFTER-SCHOOL AND SUMMER PROGRAMMING, YOUTH
2	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 575,963 • including grants of \$) (Revenue \$)
	EAST END COMMUNITY SERVICES GOAL IS TO DEVELOP OPPORTUNITIES FOR PEOPLE
	OF URBAN APPALACHIAN (BLACK & WHITE) AND HISPANIC HERITAGE, WHO ARE
	POOR, UNDER-EDUCATED, UNDER-EMPLOYED, MEDICALLY UNDER-SERVED AND TO
	SOME EXTENT CULTURALLY ISOLATED IN ORDER TO ENABLE AND EMPOWER THEM TO
	BREAK THE CYCLE OF POVERTY, TO GROW INTO SELF-SUFFICIENCY, AND TO FULLY
	PARTICIPATE IN THE LIFE OF THEIR COMMUNITY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 5.75, 9.63
4.	Lotal program continu expenses = 5 /5 V6 5

Form **990** (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	
	Schedule D, Parts XI and XII	12a		X
Ð	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the appropriation projection of the second seco	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	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	שרו		
	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	-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

			Yes	No
2 0a		20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
L	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
U	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ч	any tax-exempt bonds?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
LUu	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZOd		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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):		ŀ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			
^4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
JZ.		32	х	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?		أ	
	Note, All Form 990 filers are required to complete Schedule 0	38	X	

Form 990 (2016) EAST END COMMUNITY SERVICES CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Entire the number reported in Box 3 of Form 1006, Enter 0- find applicable In O		Check if Schedule O contains a response or note to any line in this Part V								
1a Enter the number of porce VSQ clincided in line 1a. Enter O I find applicable 1b. 1b. 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witness? 2a Enter the number of forms VSQ clincided in line 1a. Enter O I find to polytect the payments to vendors and reportable gaming (gambling) winnings to prize witness? 2b I find the organization organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witness? 2b I find the organization are selected to within the year covered by this return. 5b I if a test one is reported on line 2s, did the organization file all required deviar employment tax returns? 5c I find for the calendar year ending within or within the year covered by this return. 5c I find for the calendar year ending within or within the year covered by this return. 5c I find for the calendar year ending within or within the year covered by this return. 5c I find for the calendar year ending within or within the year covered by this return. 5c I find for the calendar year ending within or within the year covered by this return. 5c I find for the calendar year ending within or within the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and the year? 5c I find for the calendar year and year and year and year and present year and the year? 5c I find for the calendar year and				Yes	No					
b Enter the number of Forms W-24 included in line 1s. Enter -0 if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)							
bit the organization comply with backup withholding rules for reportable payments to vendos and reportable gaming (gamining) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return. 2 B If at least on is reported on line 2s, did the organization file all required referral employment tax rotures? 3 B If the organization have unreaded business generations file all required referral employment tax rotures? 3 B If the organization have unreaded business genes income of \$1,000 or more during the year? 3 B If 1 Yes, 1 has it lifed a Form 990-T for this year? If 1No, 1 of the 3b, provide an explanation in 8 checkulo 0 3b 4 A 1 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? ► 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5 B If 1 Yes, 1 to line 5 are 55, did the organization file Form 8868-17 5 If 1 Yes, 1 to line 5 are 55, did the organization file Form 8868-17 5 C If 1 Yes, 1 to line 5 are 55, did the organization file Form 8868-17 6 D Oses the organization have annual gross receiption that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 5 D If Yes, 2 did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 6 D If the organization receive apprined in becase of \$7\$ made party to a prohibited party for goods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 DIf the organization with the propers organization section of the value of the organization than t	_				[
2a Enter the number of employees reported on Form W-9. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within year convent by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? 3c Id the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, *Insert if the form 990-1 for this year? If No, *to fine 3b, provide an explanation in Schedule O 3b If Yes, *Insert the name of the foreign country, (such as a bank account, securities account, or other financial account)? 4c If Yes, *Insert the name of the foreign country. 5c If Yes, *Insert the name of the foreign country. 5c If Yes, *In the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *In the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *In the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, *In the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible so charitable contributions? 6c If Yes, *India the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization state in various approach in secess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 7d If Yes, *If the organization neglet was explanate, or otherwise dispose of tangible persona	C		1							
2a Enter the number of employees reported on Form W-9. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within year convent by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? 3c Id the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, *Insert if the form 990-1 for this year? If No, *to fine 3b, provide an explanation in Schedule O 3b If Yes, *Insert the name of the foreign country, (such as a bank account, securities account, or other financial account)? 4c If Yes, *Insert the name of the foreign country. 5c If Yes, *Insert the name of the foreign country. 5c If Yes, *In the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *In the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *In the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, *In the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible so charitable contributions? 6c If Yes, *India the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization state in various approach in secess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 7d If Yes, *If the organization neglet was explanate, or otherwise dispose of tangible persona		(gambling) winnings to prize winners?	1c							
b if a feast one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines at and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filed a Form 990-Ti or this year? If "No," to him 8b, provide an explanation in Schedule O 3b da At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the the name of the foreign country ▶ 5ee 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 Dese the organization have the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any texable party notify the organization first it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization first it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization first it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization related approach in excess of 55 made pairly as anothbulion and party for goods and services provided to the payor? 5c Did the organization related approach in excess 55 % finade pairly as anothbulion and party for goods and services provided to the payor? 7a X 7b Did the organization	2a									
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3a	b		2b							
3a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
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? b if "Yes," enter the name of the foreign country: ▶ 5a Was the organization requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization that the same that the same transaction at any time during the tax year? 5a Does the organization that dax sheller transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did was the organization that are not tax deductible as charitable contributions? 5c If "Yes," tidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization stat may receive deductible contributions under section 170(c). 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X Yes, "Indicate the number of Forms 8282 filed during the year of the organization notity the donor of the value of the goods or services provided? 7b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X Y 7d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e Did the organization neceived a contribution of qualified intellectual property, clid the organization flee Form 8898 as required? 7d If the organization received a contribution of case, beats, splinanes, or other vehicles, did the organization the payor the payor than the payor than the payor than the payor than th	За		3a		Х					
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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: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a		1 1								
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X										
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X										
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	12a		12a	Î						
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X										
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	13									
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X			13a							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	_									
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b									
c Enter the amount of reserves on hand		_ · · · · · · · · · · · · · · · · · · ·	N	.*						
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С									
	14a	Did the second of the second o	14a		Х					
	b		14b							

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

,	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		٠. ا	
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-0		
14		7		v
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X
b				**
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	7.7	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		-	
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	i	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	}	- 1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		100	1.5
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		İ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		İ	
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 937-259-1898			
	624 XENIA AVE., DAYTON, OH 45410			

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.

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

(A)	(B)	1		(C Posi			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(D)	(E)	(F)
Name and Title	Average	(do not che						Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week (list any			-			1	from the	from related organizations	other compensation
	hours for	individual trustee or director				8		organization	(W-2/1099-MISC)	from the
	related	tee or	nstee			ensat		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	ding s				and related
	below	Jividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		;	organizations
	line)	=	=	6	¥	Ξ.5	요			
(1) PAUL WOODIE	1.00	x						0.	0.	0.
TRUSTEE	1.00	Λ						U.	V •	<u> </u>
(2) ISMAIL GULA	100	X						0.	0.	0.
TRUSTEE (3) DANIEL O'DONNELL	1.00	77					ļ	•		
TRUSTEE	1.00	x						0.	0.	0.
(4) MICHAEL MERZ	1.00									
PRESIDENT		х		\mathbf{x}				0.	o.l	0.
(5) MARIA ORIA	1.00									
TRUSTEE		Х						0.	0.	0.
(6) FRAN KOUBEK RODERER	1.00									
TRUSTEE		Х						0.	0.	0.
(7) FRANK SURICO	1.00									
TRUSTEE		X						0.	0.	0.
(8) GARY LEROY	1.00			ı						•
VICE PRESIDENT		X		X				0.	0.	0.
(9) ROBERT WOLFF	1.00								_	
TRUSTEE		Х						0.	0.	0.
(10) JAMES NEWBY	1.00									_
TREASURER		Х		X				0.	0.	0.
(11) DEVON BERRY	1.00									•
TRUSTEE	1 00	X						0.	0.	0.
(12) MARY WENING	1.00	v						_	۱ ۱	0
TRUSTEE	1.00	X		-				0.	0.	0.
(13) ANTHONY MASSOUD	1.00	х		1				o.	0.	0.
TRUSTEE (14) ROBIN PROFITT	1.00	^		-	_			U.	<u>0.</u>	<u> </u>
TRUSTEE	1.00	x		ļ				0.	0.	0.
(15) BETH SCHULTZ	1.00							Ų.	•	0,
TRUSTEE	1 2,00	x						0.	0.	0.
(16) MELISSA BERTOLO	1.00			\dashv						
TRUSTEE		x		ļ				0.	0.	0.
(17) SCOTT MUMPOWER	1.00									
TRUSTEE		х						0.	0.	0.
822007 11 11 16										Form 990 (2016)

Form 990 (2016)

Part VII Section A. Officers, Directors (A)	(B)	<u></u>		(0	2)			(D)	(E)			(F)	
Name and title	Average	/do		Pos	itior	l than	ona	Reportable	Reportable			mated	
	hours per	box	, unie	ss pe	rson	is bot	h an	compensation	compensation			ount of	
	week (list any		T an		d a director/trustee)			from the	from related organizations			ther ensati	าก
	hours for	trustee or director				- R		1	(W-2/1099-MISC)	- 1	•	m the	<i>)</i> 1
	related	teeor	nstee		Кеу етрюуее	ensate		(W-2/1099-MISC)	,		orga	nizatio	n
	organizations	a trus	onal tr		loyee	comp e						related	
	below line)	Individual	nstitutional trustee	Officer	зу еттр	ghest	огтег				orgar	izatior	IS
(18) TONY ORTIZ	1.00	┝	<u> </u>	-	×	I S	u.						
TRUSTEE	1.00	х						0.	C	١. ا			o.
(19) JIM BARRETT	1.00												
TRUSTEE		X				<u> </u>		0.		١.			0.
(20) DAVID YOUNG	1.00					***************************************			_				_
TRUSTEE	40.00	X				 	_	0.	() .			0.
(21) JAN LEPORE-JENTLESON	40.00	1		x				24 414	(١.			0.
EXECUTIVE DIRECTOR		-	<u> </u>	^-			\vdash	34,414.		' • -			<u>.</u>
		<u> </u>											
			<u> </u>	ļ	ļ	_	_						
		-											
			ļ	-						+			
		1											
1b Sub-total		1	L	l	l	1		34,414.	(١.			0.
c Total from continuation sheets to P							-	0.					0.
d Total (add lines 1b and 1c)								34,414.	(١.			0.
2 Total number of individuals (including	but not limited to the	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				_
compensation from the organization	<u> </u>										1,	<i>-</i>	0
	***									Γ		es	No
3 Did the organization list any former o											3		X
line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is										. -	-		
and related organizations greater that									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4		X
5 Did any person listed on line 1a receiv									dual for services		an about 10		per er
rendered to the organization? If "Yes,	" complete Schedu	e J t	for si	uch	pers	son .					5		X
Section B. Independent Contractors													
Complete this table for your five high										nsat	ion fro	om	
the organization. Report compensation		ear	endi	ng v	vith	or w	itnir	the organization's tax y	ear.		(C)		
ر) Name and bus	A) siness address	N	INC	- 7:				Description of s	ervices	Co		sation	
			Y-11	=									
							_						
							-						
									}				
										=			
2 Total number of independent contract	tors (including but r	not li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the	organization 🕨				-	0		4					
										_	0	90 (20	

		Check if Schedule O cont	aine a reenonee	or note to any li	ne in this Part VIII			
×1.40.4	w 1413	Service of the control of the contro		v in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1 a b	Federated campaigns Membership dues Fundraising events	1b	36,653.				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contribut All other contributions, gifts, gran	ions) 1d	207,973.				
of Other	g	similar amounts not included about Noncash contributions included in lines		89,071.			nger de ee	e t
<u>ರಿ ೯</u>	h	Total. Add lines 1a-1f		>	333,697.			
				Business Code				
ě	2 a	FEES AND CONTRA	CTS FRO	624100	231,535.	231,535.		
۳ <u>چ</u>		DEVELOPER FEES		624100	28,777.			
S E	c	EXEMPT FUNCTION	RENT I	624100	13,800.	13,800.		
E S	d							
Program Service Revenue	<u> </u>							
Ŗ.	f	All other program service reve	nue					
	,	Total. Add lines 2a-2f			274,112.			
	3	Investment income (including			2/2/1120			
	3				42.			42.
	_	other similar amounts)		44.			42.	
	4	Income from investment of tax						
	5	Royalties				** .		1 + 1
			(i) Real	(ii) Personal	111			
	6 a	Gross rents	ļ			assas signila adalah d	and seem of the seems of the	en en en en en en en en en en en en en e
	b	Less: rental expenses						
	С	Rental income or (loss)				e to see e g		
	d	Net rental income or (loss)	,,					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			.1.,			
	h	Less: cost or other basis						
		and sales expenses				!		
		•						
		Gain or (loss)		L				
		Net gain or (loss)		······				
Other Revenue	8 a	Gross income from fundraising including \$	•		agas est est est est est est est est			
ě		contributions reported on line	1c). See					
ᇤ		Part IV, line 18	а					
the	b	Less: direct expenses						
0		Net income or (loss) from fund					ĺ	
		Gross income from gaming ac			e desidade, an accessor e la tatalonad	فالمتاك لمراجع فالمساحي والمحالة والأرادة	and the second second	. g. st. sagada star il al
	- 4	Part IV, line 19						
	b							
	C		=					
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold			ļ			
	C	Net income or (loss) from sales			***************************************			
		Miscellaneous Revenu	e	Business Code				
	11 a	MISCELLANEOUS		900099	572.	572.		······································
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			572.			
	12	Total revenue. See instructions.			608,423.	274,684.	0.	42.

Seci	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			отрієте соштіп (А).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				and the second of the second o
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				. 1
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	34,414.	28,702.	4,611.	1,101.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	521,100.	418,697.	89,589.	12,814.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	895.		895.	
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b					
C	Accounting		····		
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				***
g	column (A) amount, list line 11g expenses on Sch O.)	28,295.	4,416.	23,879.	
12	Advertising and promotion	20,233.	4,410.	23,013.	
13	Office expenses	16,527.	10,921.	5,292.	314.
14	Information technology	20,02,0	20,5222	J, 2521	<u> </u>
15	Royalties				
16	Occupancy				
17	Travel	4,210.	4,108.	102.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,063.	12,047.	1,823.	193.
23	Insurance	13,446.	8,074.	5,372.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DECODAR SATE OF TEXTS AGOT	36,067.	32,714.	3,337.	16.
b	CONTRACT LABOR	23,465.	9,965.	1,000.	12,500.
C		20,097.	18,472.	1,528.	97.
d	EQUIPMENT RENTAL	10,640.	8,405.	1,990.	245.
е	All other expenses	25,515.	19,442.	5,520.	553.
25	Total functional expenses. Add lines 1 through 24e	748,734.	575,963.	144,938.	27,833.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)		į.		

	BLA	Check if Schedule O contains a response or note to any line in this Part X	:		
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	486,319.		423,484.
	3	Pledges and grants receivable, net	<u>239,074.</u>	3	181,430
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			•
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			•
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L	······································	6	
Assets	. 7	Notes and loans receivable, net		7	
`	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,101.	9	24,021.
	10a				
		basis. Complete Part VI of Schedule D	454 044		205 404
	b	Less: accumulated depreciation 10b 466,671.	451,211.		385,194.
	11	Investments - publicly traded securities	202 201	11	
	12	Investments other securities. See Part IV, line 11	300,381.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	00 000	14	04 505
	15	Other assets. See Part IV, line 11	28,820.	15	24,735.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,516,906.	16	1,038,864.
	17	Accounts payable and accrued expenses	55,469.	17	74,074.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>se</u>	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	,	22	
	23	Secured mortgages and notes payable to unrelated third parties	27 540	23	00 540
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	27,540.	24	23,542.
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
				OE	
	26	Schedule D Total liabilities. Add lines 17 through 25	83,009.	25	97,616.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	03,003.	26	27,010.
tn.		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	1,268,897.	27	847,366.
Net Assets or Fund Balances	28	Temporarily restricted net assets	165,000.	28	93,882.
Ö	29	Permanently restricted net assets	105,000.	29	23,002.
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here		2.5	
<u>+</u>	Ì	and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
200	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
			1,433,897.	33	941,248.
Š	33	Total net assets or fund balances	1.455 897.1	3.3	941 74×

Form	990 (2016) EAST END COMMUNITY SERVICES CORPORATION	31-150	8554	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,42	
2	Total expenses (must equal Part IX, column (A), line 25)	2	748	3,73	4.
3	Revenue less expenses. Subtract line 2 from line 1	3	-140),31	1.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,433	3,89	7.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-352	2,33	8.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	941	.,24	8.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		.,	<u>L</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- -		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. ,	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	*****************	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1,5 35	ing.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
	·		Form \$	990 (20	016)

632012 11-11-16

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

Employer identification number EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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)(4). 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 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1.10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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				1		
4	Total. Add lines 1 through 3			***************************************			
5	The portion of total contributions						
J	by each person (other than a						
	governmental unit or publicly					la a sua tang tang	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	***************************************	***************************************	The state of the s				
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012	(0) 2013	(6) 2014	(u) 2010	(e) 2010	(I) Total
В	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties]	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12						12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth t	tax year as a sectic	n 501(c)(3)	
	organization, check this box and stor	here					>
Se	ction C. Computation of Publ	ic Support Per	rcentage			}	
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, c	olumn (f))			<u>%</u>
	Public support percentage from 2015						<u>%</u>
16a	33 1/3% support test - 2016. If the						
	stop here. The organization qualifies						
t	33 1/3% support test - 2015. If the	organization did no	t check a box on I	ine 13 or 16a, an	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	ed organization		▶□
Ł	10% -facts-and-circumstances tes						
	more, and if the organization meets ti						
	organization meets the "facts-and-cire						► []
18	Private foundation. If the organization						
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	2013	piete Part II.) 2014	2015	2 21/	d	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 201 4-	(d) 2015	<u> </u>	(f) Total
	Gifts, grants, contributions, and	(4) 2012	(B) ZOTO	(0)2014	(u) 2013	(6) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	235,362.	1202765.	1059856.	750 474	333,697.	3593154
2	Gross receipts from admissions,	200,002.	1202703.	1033030.	130,414.	333,091.	3362134.
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1342486.	7/2 272	624 702	CO2 E4C	374 110	3600010
2	Gross receipts from activities that	1342400.	/43,2/3.	034,/93.	093,346.	274,112.	3688210.
3	are not an unrelated trade or bus-						
	iness under section 513						
	***************************************						·
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1577848.	1946038.	1694649.	1444020.	607,809.	7270364.
7a	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)	2.0000000000000000000000000000000000000			. v		7270364.
	ction B. Total Support						7270304.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	1577848.	1946038.	1694649.	1444020.	607,809.	7270364.
	Gross income from interest,					007,0051	, = , 0 0 0 2 0
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	334.	132.	117.	82.	42.	707.
b	Unrelated business taxable income				02.	74 •	707.
-	(less section 511 taxes) from businesses						
_	Add lines 10a and 10b	334.	132.	117.	- 00	40	
11	Net income from unrelated business	334.	134.		82.	42.	707.
• •	activities not included in line 10b,						
	whether or not the business is				ĺ	ĺ	
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	23,053.	24,491.	-10,600.	3,417.	572.	<u>40,933.</u>
	Total support. (Add lines 9, 10c, 11, and 12.)	1601235.		1684166.	1447519.	608,423.	7312004.
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiz	ation,
	check this box and stop here				**************	*************************	▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2016 (li	ņe 8, column (f) div	vided by line 13, co	olumn (f))		15	99.43 %
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	99.55 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	16 (line 10c, colum	ın (f) divided by line	e 13, column (fl)		17	.01 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, chec						
	Private foundation, If the organization						
		i did not oneck a L	лол он шю 14, 19a	, or rap, check thi			
03202	3 09-21-16			1 6	Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
7 (4.74)	1.32	NA POTE
1		
2		
3a		
<u> </u>		
3b		
3c		
4a		
4b		
-	.1	1
4.		
4c	1 187	
. 1 . 1		-11.0
5a		
5b		
5c		
	,	
6		
7		
8		
9a		
9b		
9c		
10a		
10b	ω-F7)	2016

	edule A (Form 990 or 990-EZ) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-	<u> 150855</u>	4 P	age 5
Pa	rt IV Supporting Organizations (continued)			т
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		44		
	below, the governing body of a supported organization?	11a	ļ	
	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. etion B. Type I Supporting Organizations	11c	J	
000	atori B. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			İ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	Ì		ĺ
	the supported organization(s).	11		L
Sec	tion D. All Type III Supporting Organizations		1	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 24	
	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		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		\vdash
3	By reason of the relationship described in (2), did the organization's supported organizations have a			l
	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			l
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Instruction			
a	The organization satisfied the Activities Test. Complete line 2 below.	-7)•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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			l
	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			ı
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			i
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2016 EAST END COMMUNITY SERV			1-1508554 Page 6
L.::				Dort VII) Con instructions Al
1	Check here if the organization satisfied the Integral Part Test as a qualifying			rait vi.) See instructions. Ai
Sect	other Type III non-functionally integrated supporting organizations must co tion A - Adjusted Net Income	ompiete ((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		
	tion B - Minimum Asset Amount	, ,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e 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: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2012 AMOUNT: \$ 23,053.
2013 AMOUNT: \$ 24,491.
2014 AMOUNT: \$ -10,600.
2015 AMOUNT: \$ 3,417.
2016 AMOUNT: \$ 572.
SCHEDULE A, PART III
THE CURRENT REPORTING YEAR IS A SHORT YEAR.

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2017 CMB No. 1545 004

WID NO, 1545-004

2016

Employer identification number

EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 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. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An 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

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)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

EAST END COMMUNITY SERVICES CORPORATION

(a) No. 1 (a) No.	(b) Name, address, and ZIP + 4 PNC FOUNDATION 6 NORTH MAIN STREET DAYTON, OH 45402 (b) Name, address, and ZIP + 4 UNITED WAY	(c) Total contributions \$ 5,000. (c) Total contributions	(d) Type of contribution Person X Payroll
(a) No.	6 NORTH MAIN STREET DAYTON, OH 45402 (b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4		
2	UNITED WAY		1
	184 SALEM AVE DAYTON, OH 45406	\$36,653.	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	US DEPARTMENT OF EDUCATION 400 MARYLAND AV SW WASHINGTON, DC 20006	\$ 194,973.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BODHI FOUNDATION 2475 DEEP HOLLOW ROAD DAYTON, OH 45419	\$22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SINCLAIR FAST FORWARD 444 WEST THIRD STREET DAYTON, OH 45402	\$\$	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
6	SAINT MARY DEVELOPMENT CORPORATION 2160 E. FIFTH STREET DAYTON, OH 45402	\$11,596.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

EAST END COMMUNITY SERVICES CORPORATION

Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PHYSICIAN CHARITABLE FUND C/O 624 XENIA AVE DAYTON , OH 45410	\$ 10,000.	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
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

EAST END COMMUNITY SERVICES CORPORATION

Part II	Noncash Property (See instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
453 10-18-	16	Schedule B (Form	 990, 990-EZ, or 990-PF) (;

Employer identification number Name of organization EAST END COMMUNITY SERVICES CORPORATION

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

Employer identification number

	EAST END COMMUNITY SERVICES CORPORATION		<u>31-1508554</u>
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advis	ed fund	s
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	used or	ıly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	conferri	ng
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, F	Part IV, li	ine 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	orically is	mportant land area
	Protection of natural habitat Preservation of a cert	ified hist	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a co <u>n</u>	servation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structu	ıre	
	listed in the National Register	L	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		ation during the tax
	year >		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	•	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation	easements during the year
	WILDER ST. TO ST		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	ion ease	ements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense		
	include, if applicable, the text of the footnote to the organization's financial statements that describes t	he orga	nization's accounting for
I D	conservation easements.	U O:	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	iner Si	milar 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 statem		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	ice of pi	ublic 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		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition, education, or research in furtherance of public exhibition.	dic servi	ce, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, pr	ovide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		. .
a	Revenue included on Form 990, Part VIII, line 1		5

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

	edule D (Form 990) 2016 EAST EN	ID COMMUNIT							0855		
L-:									······································		
3	Using the organization's acquisition, access	sion, and other record	is, che	eck any of the	following that	t are a sig	inificant i	use of its	collection	1 iten	กร
	(check all that apply):		. —	٦.							
a	Public exhibition	C			hange progra						
b	Scholarly research	€	• 🗀	」Other							
C	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of				•			_	_	_	_
D	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if th	ne organizatio	n answered "	Yes" on F	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						_		
	on Form 990, Part X?							L	Yes		_l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	g table:			г				
							<u> </u>		Amount		
C	Beginning balance	*************************					1c				
ď	Additions during the year	***************************************					1d		*		
e	Distributions during the year						1e				
f	Ending balance				**********		1f				
2a	Did the organization include an amount on F						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.							***********			<u>]</u>
Pai	rt V Endowment Funds. Complete	if the organization an	swere	d "Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b)	Prior year	(c) Two years	back (d	i) Three y	ears back	(e) Four	years	back
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										
f	Administrative expenses					-					
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end halanc	e (line	1a column (a	ı)) held as:						
	Board designated or quasi-endowment	Torre your orra bararro	%	19, 00:0:::: (0	yy noid do.						
h	Permanent endowment	 %	_′′								
D	Temporarily restricted endowment	% %									
C											
٥.	The percentages on lines 2a, 2b, and 2c sho		_A! Al.			4		_47			
3a	Are there endowment funds not in the posse	ession of the organiza	ation tr	nat are neid a	na aaminister	ea for the	organiz	ation	Г		T
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							• • • • • • • • • • • • • • • • • • • •	3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wmen	t funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										<u></u>
	Description of property	(a) Cost or of		(b) Cost	I		umulate	d	(d) Book	valu	е
		basis (investn	ient)	basis (, ,	aepre	eciation				
1a	Land			1 7	6,427.				76	, 4	<u> 27.</u>
b	Buildings										
	Leasehold improvements		····								
	Equipment	i		<u> </u>		4					
	Other				5,438.	46	56,67	/1.			<u>67.</u>
Tatal	Add lines to through to (Column (d) must a	aual Form 000 Port	Y cole	umn (D) line 1	Oo l				. αΩ Ε	. 1	Q /I

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
Other				
(A)				
(B)				
(C)		}		
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	· · ·	
Part VIII Investments - Program Related.	E 000 D 151	44 0 5 00	00 B 1 V II - 40	
Complete if the organization answered "Yes" or (a) Description of investment	h Form 990, Part IV, line (b) Book value			id-of-year market value
	(b) Book value	(C) Mealou C	valuation. Cost of Gr	id-or-year market value
(1) (2)				
(3)				
(4)				
(5)				···
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 99	0, Part X, line 15.	
(a) De	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1	(F.)			
Part X Other Liabilities.	0.)		••••••	
Complete if the organization answered "Yes" or	Form 990. Part IV. line	11e or 11f. See Fo	orm 990. Part X. line 2	5.
(a) Description of liability		(b) Book value	again ag a tha deile go ag ag ann an ann an aige an aite ann an	······································
(1) Federal income taxes		<u> </u>		•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
		,		
(8)				
			- Aller of replacements of the equipment of the	arita di diginda da da di da di da di da di da di da di da di da di da di da di da di da di da di da di da di d Da di da

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 EAST END COMMUNITY SERV	CES CORPORATION	31-1508554 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		1
C	Recoveries of prior year grants		A second
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)		
Pai	t XII Reconciliation of Expenses per Audited Financial Sta		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1	100
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		<u> </u>
	Add lines 4a and 4b		. 4c
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h and 2h: Part V lin	o 4: Port V. line 9: Port VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		to 4, I alt X, into 2, I alt Xi,
	and its, and rate wit, into 20 and its. Thou observation part to provide any	additional information.	
•			
			4.

	*		
			·
			,

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

Department of the Treasury Internal Revenue Service

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2016

				·			······································					7, 177,10			
Name of the organiz									_		-	r ideni		ion nu	ımbe
Double Even	- Bon	EAST E	ND	COMMUNI	ry s	SERV	ICES CORPO	RATION				085	54		
							tion 501(c)(4), and 50								
Comple	ete if the	organizatio					art IV, line 25a or 25	b, or Form 9	90·EZ, F	Part V,	line 4	0b.	T		
1 (a) Name of disc	qualified	person	(b) F	Relationship bet person and o			lified (c) Descriptio	n of trai	nsacti	on			Corre	
				person and o	nyaniz	auon	· · · · · · · · · · · · · · · · · · ·						Y	es	No
															
			ļ										-	-	
															
O Futuatha		lar an annual des	. 41												
section 4958		_		_			qualified persons du	- •			• •				
							ganization				\$				
3 Enter the amou	int Ortax,	, ii airy, on i	IIIC Z,	acove, reimbur	seu Dy	, ii ie oi	gainzation	······			Φ. Φ				
Part II Loans	s to an	d/or From	n Int	erested Per	sons	 }.		***************************************							
							., Part V, line 38a or l	Form QQA P	art IV lin	ne 26.	or if th	ne oraș	anizati	on	
•		_		, Part X, line 5,			., r art v, mie eea er	1 01111 550, 1	care iv, in	10 20,	Oi II u	ic orge	AI IIZ (ALI	OI I	
(a) Name o		(b) Relation		(c) Purpose	(d) L	oan to or	(e) Original	(f) Balanc	e due	fa) in	(h) Ap	proved	6) V	/ritten
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Part III Grant	s or As	ssistance	e Ber	nefiting Inte	reste	d Pe	rsons.								
Comple	ete if the	organizatio	n ansv	vered "Yes" on	Form :	990, Pa	art IV, line 27.								
(a) Name of int	terested	person	1 (b) Relationship	betwe	en	(c) Amount of		d) Type			•) Purp		f
				interested pers		nd	assistance		assistan	ic e		;	assista	ance	
		·		the organiza	ation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2	OD, UI 20U.			
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's nues?
CAROLINE JENTLESON TROIDL	INTERESTED PERSON I	3.812.	EMPLOYEE SE	Yes	No X
		3,012.	DMI DOIDE DE		12
Part V Supplemental Information Provide additional information for response	onses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: CAROLI	NE JENTLESON TROIDL				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON ANI	D ORGANIZAT	ION:		
INTERESTED PERSON IS DAUGH	TER OF EXECUTIVE DI	RECTOR JAN	LEPORE-JENT	LESO:	<u>N.</u>
(C) AMOUNT OF TRANSACTION	\$ 3,812.				
(D) DECORTOMION OF MEANGAG	MTON. WALLOWER CONT.		77		
(D) DESCRIPTION OF TRANSAC	TION: EMPLOYEE SERV.	ICES RENDER	ED		
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				
			· · · · · · · · · · · · · · · · · · ·		

2017 OMB No. 1545-0047

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

Onen to Duh

100 A

► Attach to Form 990 or 990-EZ.

Name of the organization

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE N

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

Open to Public Inspection

Employer identification number

ž Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional tax-exempt) or type (g) IRC section of recipient(s) (if Yes of entity 31-1508554 (f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses EAST END COMMUNITY SERVICES CORPORATION (c) Fair market value of asset(s) distributed or amount of transaction expenses (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid space is needed Part

Did or will any officer, director, trustee, or key employee of the organization:

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

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

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632151 08-25-16

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CES CORPORATION 31-1508554	The same of the sa
TY SERVICES	
END COMMUNI	ontinued)
6) EAST E	or Dissolution (c
B N (Form 990 or 990-EZ) (2010	Part I Liquidation, Termination,
Schedule	Part I

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Yes	- m	_		9		line 32,	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	(3)				A			>
Ľ	. 4 . 4	4 4	r.c.	eg :	95 69	Part IV,	(g) rer tax-e.	501(0)(3)	6	-					
line 26 (Total liabilities), should equal -0.	nate?				he Internal Revenue Code and state laws	Yes, or line ob, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III. Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, ine 36. Part II can be duplicated if additional space is needed.	(f) Name and address of recipient	EAST END NEIGHBORHOOD DEVELOPM 624 XENIA AVENUE DAYTON OH 45410	***************************************			10.00			,
6 (Total assets), and	e, liquidate, or termi				in accordance with	on line 6b, explain i te this part if the org	(e) EIN of recipient	47-5162501			1774	TO CONTROL OF THE CON	***************************************		
, Part X, column (B), line 10 12 ff "No " describe in Bort	icial of its intent to dissolv				liabilities during the tax yr	ed these liabilities. If "No" lization's Assets. Comple	(d) Method of determining FMV for asset(s) distributed or transaction expenses	BOOK VALUE							
tax year, then Form 990, so governing inetrument(s)	ther appropriate state offi	***************************************	ordance with state laws?	during the year?	Il of its tax-exempt bond I	Preased or otherwise settle Than 25% of the Organ al space is needed.	(c) Fair market value of asset(s) distributed or amount of transaction expenses	352,338,							
rts assets during the	ttorney general or o	notice?	of its liabilities in acc	bonds outstanding	scharge or defease a	v the organization de er Transfer of More uplicated if addition	(b) Date of distribution	04/30/17						***************************************	
Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0.	-	b If "Yes," did the organization provide such notice?	5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	6a Did the organization have any tax-exempt bonds outstanding during	b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?	Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	(a) Description of asset(s) distributed or transaction expenses paid	BUILDINGS AND OTHER ASSETS	my collection to the collection of the collectio					TO TO TO TO THE TAX TO	

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a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. 🕨 d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

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

2d

20

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
PART II, LINE 2E:
JAN LEPORE-JENTLESON
PART II, LINE 2E:
JAN LEPORE-JENTLESON BECAME THE EXECUTIVE DIRECTOR AND AN EMPLOYEE OF THE
TRANSFEREE ORGANIZATION.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 980-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/lorm990.

Name of the organization

EAST END COMMUNITY SERVICES CORPORATION

Inspection Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CARING AND HEALTHY COMMUNITY THAT NURTURES CHILDREN TOWARD SUCCESS.
EAST END'S PROGRAMS AND SERVICES INCLUDE PARENT EDUCATION AFTER-SCHOOL
AND SUMMER PROGRAMMING, YOUTH DEVELOPMENT, WORK READINESS TRAINING, JOB
SERVICES, FAMILY SUPPORT SERVICES, HOUSING DEVELOPMENT, COMMUNITY
ORGANIZING, CRIME REDUCTION AND NEIGHBORHOOD BEAUTIFICATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT, WORK READINESS TRAINING, JOB SERVICES, FAMILY SUPPORT
SERVICES, HOUSING DEVELOPMENT, COMMUNITY ORGANIZING, CRIME REDUCTION
AND NEIGHBORHOOD BEAUTIFICATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE COMMITTEE IS PROVIDED WITH A COPY OF FORM 990, AND GIVEN AN
OPPORTUNITY TO COMMENT ON ITS CONTENTS PRIOR TO THE FILING OF THE TAX
RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
ONCE A YEAR, THE ORGANIZATION DISTRIBUTES ITS CONFLICT OF INTEREST
STATEMENT TO BOARD MEMBERS FOR SIGNATURE; AT THAT TIME, BOARD MEMBERS ARE
ASKED TO DISCLOSE ANY CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
BOARD POLICY REQUIRES AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE
DIRECTOR; THE REVIEW IS CONDUCTED BY THE EXECUTIVE COMMITTEE; THE COMMITTEE
THEN DETERMINES COMPENSATION.

Name of the organization		ERVICES CORPORATION	Employer identification number 31-1508554
	VI, SECTION C, LINE		OF INTEREST POLICY,
THE REQUEST OF	THIS INFORMATION.		BLIC INSPECTION UPON
FORM 990, PART	XI, LINE 9, CHANGES		-352,338.
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	(galannaga mena a ana da aka menandaran mengangangga di dananda Amanama, di Malaling Panda), pendalipida danan 		

2017 OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

Open to Public Inspection

2016

Employer identification number 31-1508554 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. SERVICES CORPORATION COMMUNITY EAST END Name of the organizatior Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

SERVICES CORPORATION Direct controlling EAST END COMMUNITY Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets o <u>ම</u> 2,858 Total income ছ Legal domicile (state or foreign country) OHIO LOW-INCOME HOUSING PROJECT MANAGEMENT AND OWNERSHIP Primary activity TWIN TOWERS FOUNDATION, LLC - 46-1345027 Name, address, and EIN (if applicable) of disregarded entity DAYTON, OH 45410 624 XENIA AVE Part II

(g) Section 512(b)(13) controlled Š × entity? Yes Direct controlling entity COMMUNITY EAST END SERVICES status (if section 501(c)(3)) Public charity LINE 10 Exempt Code section 501(C)(3) Ŧ Legal domicile (state or foreign country) OHIO LOW-INCOME HOUSING PROJECT Primary activity MANAGEMENT CORPORATION - 47-5162501, 624 XENIA AVE EAST END NEIGHBORHOOD DEVELOPMENT Name, address, and EIN of related organization 45410 B DAYTON,

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 EAST END COMMUNITY SERVICES CORPORATION

Page 2

31-1508554

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

General or Percentage x managing ownership le partner? 5) Yes No.		!	appy.
Perc			
General or managing partner?			
Gen Gen			
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	777		
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

<u> </u>	ı	1	1	ı	1
Section 512(b)(13) controlled entity?					
(h) Percentage ownership					
(g) Share of end-of-year assets	The state of the s	THE SECOND	***************************************	To a second seco	
(f) Share of total income					
(e) Type of entity (C corp, S corp, or trust)					
Direct controlling Type of entity Sentity or trust)					
(C) Legal domicile (state or foreign country)				To de	
(b) Primary activity				1 700	
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2016

632162 09-06-16

Schedule R (Form 990) 2016 EAST END COMMUNITY SERVICES CORPORATION

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	***************************************	1,1000		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more	related organizations listed	200	0
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty.		0	×
b Gift, grant, or capital contribution to related organization(s)				×
c Gift, grant, or capital contribution from related organization(s)			<u>0</u>	×
				×
e Loans or loan guarantees by related organization(s)			<u>a</u>	×
				1
f Dividends from related organization(s)			***	×
g Sale of assets to related organization(s)			27	×
Purchase of assets from related organization(s)			T -	1 ×
			1	4 ×
_		***************************************		*
				4
k Lease of facilities, equipment, or other assets from related organization(s)			*	×
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)		: E	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)		5	×
o Sharing of paid employees with related organization(s)			C	×
	,	**************************************		4
p Reimbursement paid to related organization(s) for expenses			1	Þ
			OL .	∢ :
			10	×
			**	· >
s)				< ×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered	lation on who must complete this line, including covered relationshins and transaction thresholds	4
		2000	ביפונטונין איני איני איני איני איני איני איני א	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	
(1)			THE PARTY OF THE P	
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(5)			1776	
(3)				
			THE PARTY OF THE P	
(4)		7774 MARKA	TETOTAL PETOTAL PROPERTY OF THE PROPERTY OF TH	
(5)	and the state of t	***************************************	and the second	
(9)				
632163 09-06-16	39		Schedule B (Form 990) 2016	0 2016

Schedule R (Form 990) 2016

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

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

ss, and EIN Primary activity Legal domicing infrome pathess set. (19) (40) (40) (40) (40) (40) (40) (40) (40	that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclus	sion for certain inv	estment partnerships.		And the state of t	77 7777774424				
Primary activity Legal domicile (Predominari Income partiesses. Country) Sections 512-514) Yes No Country) Sections 512-514) Yes No Country)	(e)	(g)		(D)	(e)	£	(6)	Œ	€	9	(K
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income part (related, unrelated, 50 excluded from tax under sections 512-514)	thers sec. 01(c)(3) 0105.7	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
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Schedule R (Form 990) 2016 EAST END COMMUNITY SERVICES CORPORATION 31-1508554 Page Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
EAST END NEIGHBORHOOD DEVELOPMENT CORPORATION
DIRECT CONTROLLING ENTITY: EAST END COMMUNITY SERVICES CORPORATION